

## Notice of Meeting and Agenda

### Edinburgh Integration Joint Board

**10.00 am, Tuesday, 27th September, 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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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Tel: 0131 529 4107

## 1. Welcome and Apologies

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

## 2. Declaration of Interests

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- 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

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- 3.1 If any.

## 4. Minutes

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- 4.1 Minute of the Edinburgh Integration Joint Board of 9 August 2022 submitted for approval as a correct record 5 - 10

## 5. Forward Planning

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- 5.1 Rolling Actions Log 11 - 12

## 6. Items of Strategy

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- 6.1 Innovation and Sustainability Pipeline: Learning Disability Change Proposals – Report by the Chief Officer, Edinburgh Integration Joint Board 13 - 54

## 7. Items of Performance

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- 7.1 Edinburgh Integration Joint Board Audited Annual Accounts for 2021-22 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board 55 - 178

<b>7.2</b>	Annual Performance Report 2021-22 – Report by the Chief Officer, Edinburgh Integration Joint Board	179 - 224
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## **8. Items of Governance**

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<b>8.1</b>	Committees Annual Assurance Report - Referral from the Audit and Assurance Committee	225 - 232
<b>8.2</b>	Appointments to the Edinburgh Integration Joint Board and Committees – Report by the Chief Officer, Edinburgh Integration Joint Board	233 - 236

## **9. Committee Updates**

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<b>9.1</b>	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	237 - 240
<b>9.2</b>	Draft minute of the Strategic Planning Group of 17 August 2022 – submitted for noting	241 - 244
<b>9.3</b>	Draft minute of the Audit and Assurance Committee of 31 August 2022 – submitted for noting	245 - 250
<b>9.4</b>	Draft minute of the Clinical and Care Governance Committee of 8 September 2022 – submitted for noting	251 - 254
<b>9.5</b>	Draft Minute of the Performance and Delivery Committee of 14 September 2022 – submitted for noting.	255 - 260

## **Board Members**

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### **Voting**

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Councillor Euan Davidson, Elizabeth Gordon, George Gordon, Peter Knight, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray and Councillor Vicky Nicolson

### **Non-Voting**

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

## **Webcasting of Integration Joint Board meetings**

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



## Minute

### Edinburgh Integration Joint Board

10.00am, Tuesday 9 August 2022

Held remotely by video conference

**Present:**

**Board Members:**

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, George Gordon, Jackie Irvine, Peter Knight, Jacqui Macrae, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray, Councillor Vicky Nicolson, Moira Pringle, Judith Proctor and Emma Reynish

**Officers:** Matthew Brass, Jessica Brown, Tony Duncan, Rachel Gentleman, Mike Massaro-Mallinson, Jenny McCann, Rebecca Miller

**Apologies:** Elizabeth Gordon and Allister McKillop

### 1. Deputation – Edinburgh Trade Union Council

The Board agreed to hear a deputation from Edinburgh Trade Union Council (TUC). The deputation made the following key points:

- The deputation requested that Trade Unions are considered as a key figure in the future public consultation on care home closures within Edinburgh. The use of the Consultation Institute was noted of concern.

- The staffing crisis in social care staffing was highlighted, and the closure of care homes could exacerbate this alongside the growing cost of living crisis.
- The lack of induction and training, poor working conditions and the pay increasing not matching the rate of inflation were examples the deputation gave for the staffing crisis. The deputation requested the EIJB consider these points when moving forward.

## **2. Minutes**

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The minute of the Edinburgh Integration Joint Board of 19 April 2022 was submitted for approval as a correct record.

### **Decision**

- 1) To approve the minute as a correct record.
- 2) To note that the Chair of the EIJB would follow up on the original action to raise funding concerns for MAT 2 with the Scottish Government, as noted under Item 3.

## **3. Rolling Actions Log**

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The Rolling Actions Log updated to August 2022 was presented.

### **Decision**

To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

## **4. Annual Review of Directions – Referral from the Performance and Delivery Committee**

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The Annual Review of Directions was referred from the Performance and Delivery Committee for approval.

### **Decision**

- 1) To approve the varied Directions provided at Appendix 1 of the report.
- 2) To circulate the Workforce Strategy to all Board members.

(References – Performance and Delivery Committee 6 April 2022 (item 4.3); Report by the Service Director – Strategic Planning, EHSCP, submitted)

## **5. Primary Care Improvement Plan (PCIP) 5.0**

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A summary of progress made in 2021-22 against the Primary Care Improvement Plan (PCIP) was presented to the Board.

### **Decision**

- 1) To note that the whole time equivalent (wte) multi-disciplinary team posts funded from PCIP has risen from c170 to c225 over the course of the year, exceeding expectation (end March 22).
- 2) To note a snapshot estimate of staff in post was taken in mid-April against the figure above; 190wte of c15% vacancy due to turnover.
- 3) To note that turnover continues to affect pharmacotherapy most, with other areas of recruitment relatively stable. Access to pharmacotherapy hubs remains differential across the City, as they become established over 2022 and 2023.
- 4) To note confidence in the efficiency of all areas of PCIP investment, although not all have yet been subject to structured evaluation. (Outstanding initial evaluations will be completed in 2022).
- 5) To note the estimated wte capacity benefit per average practice of a combination of CTAC and Vaccination Transfer of 0.7 wte and acknowledges that access to CTAC services remains differential across the City.

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

## **6. Lothian Strategic Development Framework**

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The progress in the development of the Lothian Strategic Development Framework (LSDF) was presented to the Board for noting.

### **Decision**

- 1) To note progress and support the development of the LSDF.
- 2) To note that a further developmental session on the LSDF is planned for the Autumn and the output of the Integrated Impact Assessment will be provided.

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

## **7. Finance Update**

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The confirmed outturn position for 2021-22 was presented for noting.

### **Decision**

To note that, subject to audit, a surplus of £3.2m is reported for the financial year 2021/22.

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

## **8. 2022/23 Financial Plan**

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An update on the progress of the 2022-23 financial plan was presented. The latest information included updates on the Scottish Government's Covid Cost Improvement Programme and an updated position on reserves.

### **Decision**

- 1) To agree to transfer £3.2m from reserves to partially offset the in year deficit.
- 2) To note the deficit in the Integration Joint Board's budget for 2022/23 has reduced to £10.8m.
- 3) To note the position with reserves.
- 4) To agree that officers continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in
- 5) year shortfall.
- 6) To agree to receive an update on progress following publication of the financial results for quarter 1.

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

## **9. Evaluation of Winter 2021/22**

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The Board was presented with the performance of services over winter 2021-22. The challenges were presented, along with an update on the planning that had already started for the 2022-23 winter period.

### **Decision**

- 1) To note the evaluation of winter 2021/22 contained in this paper.
- 2) To note that a number of winter initiatives are being funded recurrently.
- 3) To note that planning is underway around identified priorities for winter 2022/23.
- 4) To circulate the projections for future delayed discharges.

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

## **10. Appointments to the Edinburgh Integration Joint Board and Committees**

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The Board were presented with a report which informed of changes in membership.

### **Decision**

- 1) To note that NHS Lothian have agreed to re-appoint Peter Murray as a voting member of the Joint Board, with effect from 27 June 2022.
- 2) To note that NHS Lothian have agreed to appoint Peter Knight as a voting member of the Joint Board, with effect from 1 May 2022.
- 3) To note that NHS Lothian have agreed to appoint George Gordon as a voting member of the Joint Board, with effect from 1 June 2022.
- 4) To note that NHS Lothian have agreed to appoint Elizabeth Gordon as a voting member of the Joint Board, with effect from 1 August 2022.
- 5) To note that The City of Edinburgh Council have agreed to appoint Councillor Tim Pogson as the Chair of the Joint Board, with effect from 26 May 2022.
- 6) To note that The City of Edinburgh Council have agreed to appoint Councillor Euan Davidson, Councillor Max Mitchell, Councillor Vicky Nicolson and Councillor Claire Miller as voting members of the Joint Board, with effect from 26 May 2022.



- 7) To note that Councillor Tim Pogson will take up the position of Vice-Chair of the Strategic Planning Group, with effect from 9 August 2022.
- 8) To appoint Peter Murray as the Chair of the Audit and Assurance Committee and Elizabeth Gordon, Councillor Euan Davidson and Councillor Claire Miller as voting members, with effect from 9 August 2022.
- 9) To appoint Councillor Vicky Nicolson as the Chair of the Clinical and Care Governance Committee and George Gordon, Peter Knight and Councillor Claire Miller as voting members, with effect from 9 August 2022.
- 10) To appoint Councillor Max Mitchell as Chair of the Performance and Delivery Committee and Councillor Euan Davidson, George Gordon and Peter Knight as voting members, with effect from 9 August 2022.
- 11) To appoint Councillor Max Mitchell and Peter Murray as voting members of the Strategic Planning Group, with effect from 9 August 2022.
- 12) To re-appoint Colin Beck to the EIJB as a non-voting member as Co-Chair of the Professional Advisory Group.

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# Rolling Actions Log

September 2022

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	<a href="#">Membership Proposal for the Strategic Planning Group</a>		19.04.22	To agree to defer the report to a future meeting of the Edinburgh Integration Joint Board once the concerns originally raised on EACC representation, communication and the benefit to the Strategic Planning Group have been addressed in full.	Service Director – Strategic Planning	October 2022	Further engagement is recommended between the new Chair, Vice Chair and EACC Chair in advance of the October EIJB to finally resolve the proposition for EACC representation to join the Strategic Planning Group
2	<a href="#">System Pressures Update Briefing</a>		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	October 2022	A further update report will be brought to the October Board meeting

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Agenda Item 5.1

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## REPORT

### Innovation and Sustainability Pipeline: Learning Disability Change Proposals

Edinburgh Integration Joint Board

27 September 2022

<p><b>Executive Summary</b></p>	<p>The purpose of this report is to gain approval from the Edinburgh Integration Joint Board to proceed with the development of detailed change proposals for the Learning Disability Services in Edinburgh. It also seeks the EIJB's approval for the identified resource requirement to deliver upon these changes.</p> <p>To support this decision, this report seeks to provide the Edinburgh Integration Joint Board with an understanding of the work completed to identify and develop the initial change areas for Learning Disability Services in Edinburgh as the first Innovation and Sustainability Pipeline Change Proposal.</p> <p>The key drivers for this report relate to: (a) the ambition to improve the delivery and sustainability of learning disability services in Edinburgh; and (b) the Scottish Government's direction outlined in the <i>Coming Home</i> report which seeks greater community support for people with complex needs and limited use of acute hospitals. Greater joined up support in community teams will be required to achieve this outcome.</p>
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<p><b>Recommendations</b></p>	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> <li>1. Note the work completed to identify and develop the change areas for Learning Disability Services in Edinburgh under the Innovation and Sustainability Pipeline</li> <li>2. Agree to proceed with further development of the identified change areas for Learning Disability Services in Edinburgh</li> <li>3. Agree to receive detailed future reports that provide detailed plans about how changes will be agreed and implemented</li> </ol>
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	4. Agree the resource requirement to deliver the change areas
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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 been produced in consultation with members of the Learning Disability Steering Group established to shape, inform and drive this work.

## Main Report

### Background

#### Context: Challenges to the sustainability of health and social care

2. The Edinburgh Integration Joint Board (EIJB), like others across Scotland operates within a complex environment. We continue to face unprecedented challenges to the sustainability of our health and social care system. Specifically: an ageing population; an increase in the number of people living with long term conditions; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand.
3. To address these issues and ensure the sustainability of health and social care services in the longer term it was recognised that it was necessary to evolve EIJB's thinking and adopt a longer term, strategic approach that addresses the wider system pressures and is therefore broader than financial sustainability. The result has been the development of the Innovation and Sustainability Portfolio which seeks to embed the delivery and oversight of major change projects and initiatives within the EIJB's core business, as an integral part of

how change is managed going forward (more detail about the Innovation and Sustainability Portfolio and Pipeline can be found in appendix 1).

4. It is in this context that the change work for the Learning Disability Services has been undertaken.

### **Who are people with learning disabilities and what are their priorities?**

5. A learning disability is a significant, lifelong condition that starts before adulthood, which affects a person's development, and which means that they may need help to understand information, learn skills and live independently. Having a learning disability means a person may take longer to learn things and often needs support to develop new skills, be aware of risk, understand complicated information and interact with other people. (*'Keys to Life', 2019*).
6. Learning disabilities are often categorised as mild, moderate or severe. People with a learning disability vary a great deal in the help they may need in meeting their basic needs. Further information about the definitions associated with learning disabilities can be found in appendix 2.
7. In Scotland it is estimated that there are 23,584<sup>1</sup> people with a learning disability. In Edinburgh it is estimated that there are 2,255 people<sup>2</sup> (5.0 people per 1,000) with a learning disability (known to the local authority - this varies by authority but includes those receiving advocacy from partner agencies, Further Education, employment support, in addition to directly provided social care). This is just below the national average of 5.2 people per 1,000 population<sup>2</sup>. 1,823 of these people (5.0 per 1,000 population) are in receipt of services, again slightly lower than the Scottish rate of 5.4 per 1,000 population<sup>3</sup>.
8. From Scottish Local Government Finance Statistics (SLGFS) it is possible to look at the gross expenditure on adult social care for people aged 18-64 with learning disabilities. Edinburgh is reported as spending £249 per 1,000 people,

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<sup>1</sup> Scottish Commission for People with Learning Disabilities (SCLD) – [Learning Disability Statistics Scotland \(LDSS\) 2019](#)

<sup>2</sup> Of the 2,255 people with a learning disability in Edinburgh, 1,970 are aged 18-64 and 285 are 65+

<sup>3</sup> Public Health Scotland (PHS) – [Insights in Social Care: Statistics for Scotland](#) (2020/21)

just below the Scottish average of £276 per 1,000 people<sup>4</sup>. Combining the Public Health Scotland (PHS) and SLGFS publications, it is possible to show the spend per person with learning disabilities. Edinburgh spends £49,500 per person supported, just below the Scottish average of £50,800.

9. There are significant issues and variability with data quality associated with these figures (recognised and discussed elsewhere in the report), but in particular what data is available nationally, differing thresholds, interpretations and sources for data across authorities (and returns). This is something that has and will continue to be considered and where possible addressed as the work around learning disability is developed. Further information about National Learning Disability Baselines is available in appendix 3.
10. We know that people with a learning disability do not yet enjoy the same life chances as others (*'Keys to Life Implementation Framework', 2019* - please see appendix 4 for further details) and that the national population of adults with a learning disability is predicted to increase by 2% each year. This provides extra focus on the need to review and ensure the sustainability of services for people with learning disabilities in Edinburgh.

### Key Strategic and Legislative Drivers

11. There are a variety of strategic and legislative drivers that must be considered when planning and delivering services, these can be seen in figure 1 below:

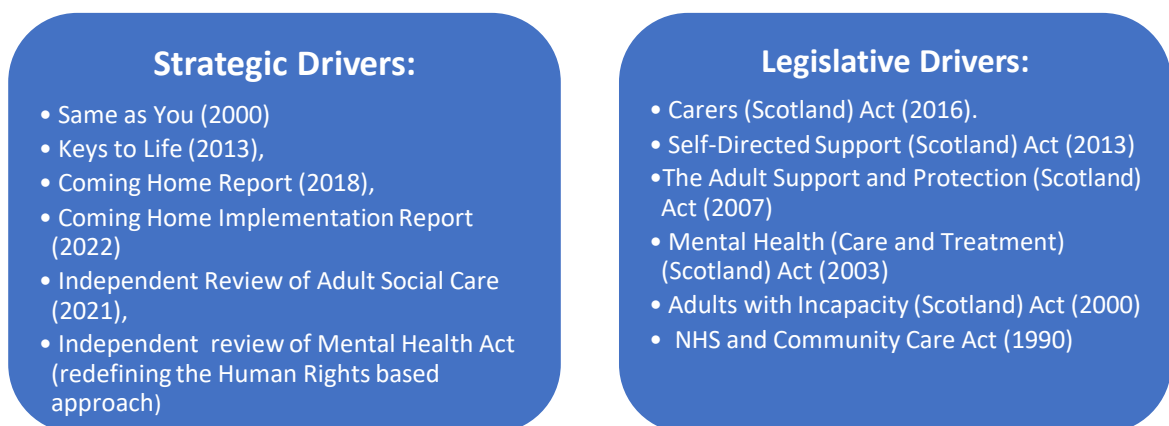


Figure 1: Key Strategic and Legislative Drivers

<sup>4</sup> Scottish Government – [Local Government Finance Statistics \(SLGFS\) workbooks 2020/21](#)



12. There has been significant consultation and engagement on a national level with people with a learning disability, first with *'The Same As You?'* (2000), and more recently through the *'Keys to Life'* (2013 & 2019). These documents, combined with the *'Coming Home Report'* (2018) and recently published *'Coming Home Implementation Plan'* (2022), clearly lay out the priorities for people with learning disabilities.
13. The *Keys to Life* has 52 recommendations, these are summarised into 4 strategic outcomes:
  - **A Healthy Life:** People with learning disabilities enjoy the highest attainable standard of living, health and family life.
  - **Choice and Control:** People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.
  - **Independence:** People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
  - **Active Citizenship:** People with learning disabilities are able to participate in all aspects of community and society.
14. These 4 areas indicate how support services should be developed, commissioned and delivered, enabling people with a learning disability to lead independent lives and be valued members of their community.
15. The *Coming Home Report* makes recommendations on how we can improve care for those with Learning Disabilities and complex care needs. The actions to be taken forward from the *Coming Home Implementation report*, published by the Scottish Government, are focused on achieving real change with out of area residential placements and inappropriate hospital stay greatly reduced, to the point that out of area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment.
16. All of the recommendations in the report are based upon the foundation that people with learning disabilities have the same human rights and should have the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect.

17. To deliver the ambitions set out in the *Coming Home Report* there is a need to evolve, develop and build the community infrastructure in Edinburgh. This needs to be achieved in a sustainable way for people, carers, staff and providers.
18. It is also imperative that recognition is given to the impact on unpaid carers. In, addition to ensuring that carers are able to access the support available to them to promote quality of life, independence and engagement with their communities and prevent deterioration in their situation – sustaining caring relationships, it is vital that through this work appropriate consideration is given to ensuring Carer involvement and choice<sup>5</sup>. Of particular relevance, drawn from the *Carers Charter*<sup>6</sup> are:
  - **5: Carer involvement in services:** Local authorities must take carers' views into account in assessing the needs of the person being cared for
  - **6: Hospital discharge:** Carers have a right to be involved in the hospital discharge process of the person they are or are going to be caring for

### Learning Disability Services in Edinburgh

19. Learning Disability Services in Edinburgh are currently delivered under three core service areas:
  1. Day support
  2. Housing Support and Care at Home
  3. Breaks from Caring/ short Breaks/ respite
20. These services are delivered by the EHSCP and its third sector and independent partners (further detail about these services can be found in appendix 5).
21. In addition to these services there are a range of community-based teams (e.g., Local Area Coordination Team) and teams based within the Royal Edinburgh and Associated Services (REAS). These include: four community learning

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<sup>5</sup> [Carers \(Scotland\) Act 2016: Implementation Plan 2021-2023 \(March 2021\) \(www.gov.scot\)](http://www.gov.scot)

<sup>6</sup> [Carers' charter: Your rights as an adult carer or young carer in Scotland \(www.gov.scot\)](http://www.gov.scot)

disability teams, based in localities; the Mental Health Intensive Support Team (MHIST) which support adults with learning disabilities and mental health difficulties; Forensic Assessment Support Team (FAST), which supports people with forensic needs and the Specialist Positive Behaviour Service (PBS) team supporting people with complex needs, (as above, further detail about these services can be found in appendix 5).

22. Finally, there are hospital-based services at the Royal Edinburgh Hospital, which provide acute psychiatric and mental health services, including 33 in-patient beds for assessment and treatment of people with a learning disability.
23. In line with the strategic direction laid out above in points 20 and 21 above, in August 2021<sup>7</sup> the EIJB agreed that the number of learning disability beds that Edinburgh commissioned at the Royal Edinburgh Hospital will decrease from the current level of 33 to 10 by the end of 2022.
24. To ensure that the appropriate resources are available in the community and that they are sustainable will mean making changes to the way support and services are structured.

## **Approach and Process**

25. Following the identification of learning disability as the first pipeline change area under the Innovation and Sustainability Portfolio, initial engagement with key stakeholders commenced and an initial scoping meeting was held, including representatives from across staff and service areas, the third sector, HR, Trade Union, finance and performance colleagues. This led to the establishment of a Learning Disability Steering Group (LDSG). Through a series of workshops which were held via Microsoft Teams, the LDSG identified the key “wicked” problems and challenges to be addressed and the priority change areas to address these. To complement the work of the LDSG and establish and agree baselines a mapping group was also established. Further detail about this process can be found in appendix 6.

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<sup>7</sup> [6.2 Royal Edinburgh Hospital - Learning Disability and Mental Health.pdf](#)

## Key Challenges

26. The Key challenges identified via the first workshops were:

1. Internal structures and process

2. Provision of services for those with complex needs

3. Provision of services for those with mild to moderate needs (focus on preventative supports)

4. Balance of care

5. Commissioning strategies & contracts

6. Workforce (internal & external)

7. Financial resources

8. Data, systems and processes

9. External factors

27. Further information about the change areas can be found in appendix 7

## Change Areas

28. The key change areas identified to address the challenges were:

1. Map and (as appropriate) redesign pathways and services, ensuring no duplication and identifying opportunities to learn & develop

2. Plan and develop robust community-based supports for people to live independently in community and to provide higher level of support, assessment, and treatment (not permanent) at crisis points

3. Map and understand community resources and their ability to provide wrap around care. Understand gaps in provision and use this to inform and shape commissioning approaches

4. Scope how we connect and support people with low and moderate eligible needs to ensure they continue to develop life skills as adults that enable them to live safely in their community and have fulfilling lives

5. Structured, organised review of systems and processes, policies, and procedures

6. Review of recording approaches and processes to ensure that we are able to provide consistent, accurate and reliable data to help us understand unmet need and future demand and make evidence based decisions

7. Strengthen staffing models and structures

8. Workforce mapping and planning

9. Full review of our commissioning contracts, to understand what they are providing, what we require in the future, what they are in a position to sustainably provide in the future.

29. Further information about the change areas can be found in appendix 8

## Next Steps

30. If approved, the Learning Disability Proposal will migrate from the pipeline workstream to the core Innovation and Sustainability Portfolio and more detailed change conversations will be initiated. This will involve the establishment of Short Life Working Groups (SLWGs) to further developed and define the change areas. As part of this process membership of the SLWGs will be broadened to ensure appropriate representation. In addition to this, and as the work develops, it will be ensured that broader consultation (including with

carers and people with learning disabilities) and Integrated Impact Assessments (IIAs) are undertaken (as appropriate).

31. Given the significant scope of the change areas identified, the SLWG agreed to prioritise change areas one to four, making these the first key workstreams. Change areas five to nine will be further developed in due course. However, from a sequencing perspective, they require work on changes areas one to four to be completed first.
32. As change areas are further developed and defined, detailed reports and plans will be taken through the Strategic Planning Group (SPG) and where appropriate presented to the EIJB for consideration and approval. It is anticipated that a further update will be provided in February 2023.
33. Key principles that have, and will continue to be adopted through this work are:
  - Taking a Human Rights-Based Approach
  - Legislative changes – the review of the Mental Health Act
  - Identify and agree clear, shared language and definitions across services and in collaboration with people with learning disabilities
  - Ethical commissioning
  - Recognition and understanding of interdependencies
34. Resource requirements to support and deliver the changes identified will include programme and project management support, data analyst capacity, as well as operational/ strategic leads to lead and drive this work. There will also be a need for ongoing engagement from colleagues from across different business areas including, HR, Finance and Performance colleagues as well as Trade Union and Partnership Representatives. More work needs to be done to scope this fully, however existing capacity is limited, and once established the Innovation & Sustainability team will be committed to the existing Innovation & Sustainability Programme. Therefore, to progress this work at pace and ensure the identified resource above can be secured, it is estimated that £0.15m a year, will be required for the next two years.

## Implications for Edinburgh Integration Joint Board

### Financial

35. In 2021/22 the total cost to deliver learning disability services in Edinburgh was £99.5m. This was spent on three main areas as set out in table 1 below:

Learning Disability Spend 2021/22	Spend (k)
<b>External</b>	<b>£74,297</b>
Block (overnight support)	£3,456
Grant (Advice & Support)	£0.125
Spot (Care at Home, Day Service, DP, FPNC, ISF, Non Traditional, R&N)	£70,716
<b>Internal Service</b> (Advice & Support, Care at Home, Day Service/ Respite/ Care at Home, Social Work, Community Learning Disability Team)	<b>£17,015</b>
<b>Hosted – REAS*</b> (Advice & Support, Day Service, Therapy, Admin, Residential Nursing, Community)	<b>£8,138</b>
<b>TOTAL</b>	<b>£99,451</b>

Table 1: Spend on EIJBs Learning Disability Services in 2021/22

\*This represents the Edinburgh share of the pan Lothian resource (roughly 57%)

36. As part of the development of the change areas, consideration will be given to the use of resources across the system, with details of any proposed changes to the use of these resources, included in future reports to the EIJB.
37. The cost of providing the necessary resource to support this work is £0.15m

### Legal / risk implications

38. If it were decided not to progress with further developing the change areas, it would risk the ineffective and inefficient application of resources. Given the significant challenges and threats to the sustainability of services identified in this report, it is vital that this work progresses to help ensure the sustainability of learning disability and health and social care services in the longer term.

39. Furthermore, it is imperative that community developments and the review of current provision is accelerated to support the appropriate implementation of the *Coming Home Report* and meet the recommendations and strategic outcomes laid out in the *Keys to Life*.
40. This is a major change project, which has galvanised significant support and buy in from across the system. There is a risk that it will not progress at pace and momentum will be lost if the resource identified in paragraphs 34 and 38 above is not secured.

#### **Equality and integrated impact assessment**

41. Consideration has and will continue to be given to equalities throughout the development of the change areas.
42. Integrated Impact Assessment(s) (IIA) will be carried out as part of the development of change proposals.

#### **Environment and sustainability impacts**

43. Sustainability is being considered and will be covered within the IIA(s).

#### **Quality of care**

44. Developing the community infrastructure to enable the reduction of institutional care in a hospital setting and to support the delivery of services in a community setting, enables the EIJB to both deliver upon the *Coming Home* and *Keys to Life* Reports, improving outcomes for people, and provides opportunities for people to contribute and be part of their communities.

### **Consultation**

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45. Edinburgh Advisory Group
46. Carer's forums
47. Provider's forum





## Appendix 1: EIJB Briefing Note: *Innovation and Sustainability Portfolio*

### Briefing Note

#### Innovation and Sustainability Portfolio

4 July 2022

#### Situation

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1. This briefing note aims to provide members of the Edinburgh Integration Joint Board (EIJB) with information about the Innovation and Sustainability Portfolio, including details of the purpose of the portfolio, work to date and next steps.

#### Background

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##### Current context

2. The EIJB, like others across Scotland operates within a complex environment. We continue to face unprecedented challenges to the sustainability of our health and social care system. Specifically: an ageing population; an increase in the number of people living with long term conditions; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand.
3. [The EIJB Strategic Plan 2019 – 2022](#) set out the vision for the provision of health and social care services within Edinburgh. To deliver on this vision, the EIJB agreed the establishment of a comprehensive programme of redesign and transformation, working in tandem with other core strategies such as Carers, Thrive Edinburgh (mental health) and the Primary Care Improvement Plan (PCIP).
4. Our transformation programme, established in early 2020, has been a key delivery mechanism for the ambitions set out in the Strategic Plan<sup>8</sup>. It is a wide-ranging and ambitious programme of whole system change, which is transforming ways of working and delivering high quality and sustainable

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<sup>8</sup> [5.4 EIJB report February 2019 Transformation and Change](#)  
[7.1 EIJB report July 2020 Return to Transformation](#)

health and social care services for our citizens. The delivery of the programme has been supported by a dedicated team of project management professionals and was originally funded on a 2-year temporary basis. The EIJB recently agreed recurring funding to allow the permanent establishment of this capacity and capability within the Edinburgh Health and Social Care partnership (EHSCP).

## Financial Planning

5. The EIJB has a total budget of circa £750m that comprises the annual financial settlements received from both NHS Lothian (NHSL) and the City of Edinburgh Council (CEC) to fund delivery of the services delegated by the EIJB to the Partnership.
6. Historically, the approach to financial planning has been focused on understanding the in-year shortfall between projected income and expenditure, and then identifying and delivering savings and recovery schemes to address the gap (circa £30m). These schemes are monitored and managed via the Savings Governance Board which is chaired by the Chief Officer. It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become unsustainable and would require significant service cuts which would lead, mostly likely, to a worsening experience for people and poorer performance.
7. Moving forward, we recognise that the need for change and transformation is continuous. While transformation projects have delivered some key successes, we know that more is required to ensure that health and social care services in Edinburgh are sustainable in the longer term and fit for the future. We also recognise the need to adapt to the establishment of a new National Care Service.

## Innovation & Sustainability Portfolio

8. To address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing", it has been recognised that we need to evolve our thinking and adopt a longer term, strategic approach that addresses the wider system pressures and is therefore broader than financial sustainability<sup>9</sup>. Innovation and Sustainability will instead

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<sup>9</sup> [7.1 - Savings and Recovery Programme 2021-22.pdf \(edinburgh.gov.uk\)](#)

[7.2 - 2021-22 Financial Plan.pdf \(edinburgh.gov.uk\)](#)

[6.1 Savings and Recovery Programme 22-23.pdf \(edinburgh.gov.uk\)](#)

seek to embed the delivery and oversight of major change projects and initiatives within our core business, as an integral part of how we manage change going forward.

9. The Innovation and Sustainability Portfolio has a clear focus on delivering strategic change programmes and initiatives which focus on the achievement of this long-term sustainability for health and social care in Edinburgh. Our approach must include financial sustainability as we continue to reimagine and redesign services and systems to ensure we meet statutory and functional service requirements, and to ensure maximum efficiency (within the resources currently available to us). It also involves work to ensure sustainability in relation to the future workforce and addressing care deficits.
10. The Innovation and Sustainability Portfolio encompasses some of the key projects which were initiated under the previous transformation programme, such as 3 Conversations, Home First, the Bed Base Strategy and the Edinburgh Wellbeing Pact. The Portfolio also includes work to develop a pipeline of new projects and initiatives to address challenges and improve performance.

### **Innovation and Sustainability Change Pipeline**

11. A range of potential pipeline change areas were identified following engagement with our Wider Leadership Team (WLT). These were grouped depending on whether they were:
  - a. New Strategic areas - *clear strategic areas, with potential for system change*
  - b. Existing Strategic areas – *resource already allocated & relationships established, risk of duplication/ not utilising existing knowledge if progressed (mostly existing Transformation Programme project)*
  - c. Cross cutting enablers - *areas that facilitate work across the system*
12. Those areas that fell under New Strategic areas were then benchmarked against a clear set of criteria (see appendix 1) that enabled the Executive Management Team (EMT) to decide which area to progress as the first pipeline change area. Following this process, it was agreed that Learning Disability should be the first priority change area to be scoped, but that Mental Health would be “nurtured” with baselines gathered to enable the work to

come on stream once the change proposal for Learning Disability had been developed and presented to the EIJB for approval in September 2022.

13. No decisions have been made about any changes to Learning Disability or Mental Health services. The steps described above are just supporting us to scope and develop potential change ideas that will then be taken to the EIJB for consideration. The continued identification and development of future change areas will be a cyclical, iterative process, engaging the EIJB's Strategic Planning Group (SPG), to support ongoing and sustained change across the organisation.
14. Work is underway to map out Learning Disability baselines, research and evidence in order to help inform the change proposal that will be presented to EIJB for approval on 27 September 2022. This work includes understanding the benefits, outcomes and impact of potential change areas (including the completion of Integrated Impact Assessments (IIAs)), recommendation about the sequencing of this work and interdependencies with other work streams. A multi-disciplinary steering group, mapping group and governance arrangements are all in place to facilitate and provide appropriate oversight of this work.

### **Financial Challenge 2023/23 and beyond**

15. Our Innovation and Sustainability Portfolio has to be considered in the wider context of the financial position facing public services in Scotland.
16. The Scottish Government's Resource Spending Review (RSR), published on 31 May 2022, sets out the high-level parameters for resource spending to 2026-27 and outlines high-level spending plans to deliver the Programme for Government. It begins a journey of reform to meet the most pressing issues facing Scotland over the medium term. The RSR references:
  - the difficult economic environment.
  - a worsening budgetary position at a UK and Scottish level.
  - a renewed commitment to investment priorities and reform.
  - an increased expectation of savings.
  - the requirement for public sector pay to be self-financing; and
  - an overall reduction in capital budgets
17. It sets no uniform increase across portfolios but prioritises the delivery of Scottish Government commitments. As such the RSR sets a material change

in tone and lays down the expectation that 'all public bodies to demonstrate they continue to be fit for purpose'. Reference to 'breaking down silos' were included, with proposals for future public body landscape to be presented in line with 2023/24 budget.

18. The headline requirement is a requirement of savings of 3% p.a. from all public sector bodies, focussed on 4 core areas:
  - shared services – references looking at how finance, IT, HR can be streamlined across public bodies. Programme to be led by SG with conclusions in 2023/24 budget although the extent of this is unclear;
  - use of estates – fewer, better building, collaborative use of space across organisations, estate rationalisation;
  - effective procurement – review procurement structures across public sector; explore make/buy decisions and consider outsourcing opportunities, ensure that contracting considers 'socio-economic benefit' on par with VFM; and
  - grant management – a cross-cutting opportunity to improve the management of grants, particularly general grants, and the impact that grants can have on key outcomes. A multi-disciplinary programme of work will be launched, to report in 2023 to inform the setting of subsequent Scottish budgets and future grant management.
  
19. Looking across our partners and the Scottish Government itself it is evident that all are developing their approach to address the challenges set out in the RSR. Officers from the respective organisations are liaising to ensure emerging plans are aligned as well as to share learning, best practice and ideas. It is however, fair to say, that the financial impact of current plans is likely to fall short of the requirements.

## Next steps

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20. A Budget Working Group is planned for 23 August 2022 which will provide further detail on financial planning and the Innovation & Sustainability Portfolio. The session will build on this briefing and as such we welcome any questions in advance.
  
21. A formal report to be presented to the EIJB on 27 September 2022 on Learning Disabilities change proposals developed as part of the Innovation and Sustainability Change pipeline.

## Briefing Note author

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## Appendices

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### Appendix 1: Considerations for first Pipeline Change Proposal

-  Strategically significant
-  Small(er) area that is well defined
-  Appetite to scope ideas and willingness to progress
-  Pre identified areas of possible change
-  Potential to cut across acute and community
-  Ability to pump prime change

## Appendix 2: Glossary of Terms

### **Who are People with Learning Disabilities** (*Based on the definition in The Keys to Life<sup>2</sup>*)

People with learning disabilities have a significant, lifelong, condition that started before adulthood, which affected their development and which means they need help to: understand information; learn skills; and cope independently.

But this is only part of a description. It does not capture the whole person who can be much more – a friend, a family member, a community activist, a student, a parent, an employee or employer to name just a few roles. It is essential that we keep in mind all of these possibilities.

Having a learning disability means a person may take longer to learn things and often needs support to develop new skills, be aware of risk, understand complicated information and interact with other people.

Some people who have other conditions, such as Down's syndrome, also have a learning disability. Some people with learning disabilities are also on the autism spectrum. However, people on the autism spectrum do not necessarily have a learning disability.

The level of support a person needs depends on the individual. In the UK we have used the terms profound, severe, moderate and mild to describe people who have a learning disability.

### **Learning disabilities and autism**

*"The Same as You"* was a policy for people with learning disabilities and for those on the autism spectrum. In 2011 the Scottish Government published the first Scottish Strategy for Autism<sup>10</sup>. We recognise that some people with learning disabilities are also on the autism spectrum. However, people on the autism spectrum do not necessarily have learning disabilities. People with learning disabilities who also have autism will benefit from both policies.

### **Complex Needs**

The Partnership considers people with a Learning Disability to be 'complex' if, as a result of their disability, age or condition, they;

*"present chronic or episodic challenging behaviours and/or support needs that require long term Service response, are workforce intensive, require interventions both physical and non-physical from two or more agencies, could pose a risk to themselves and others and have*

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<sup>10</sup> [The Scottish Strategy for Autism - gov.scot \(www.gov.scot\)](http://www.gov.scot)



*specific needs for which there is no sustainable “ordinary” community support system available.”*

## **Challenging Behaviour**

Challenging Behaviour may also be known as distressed behaviour, behaviour that challenges or behaviours of concern. The Royal College of Psychiatrists (2007) define;

*“behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion.”*

This document will use the term Challenging Behaviour because it is the most widely used and commonly understood term. However, Challenging Behaviour is not a diagnosis or innate to a person (i.e. a person does not “have” Challenging Behaviour); the person is not a problem to be fixed and their behaviour, which others are challenged by, is a product of the specific context or environment and supports the person receives. Challenging Behaviour communicates the person’s otherwise unmet needs; with functional messages for the person such as sensory stimulation or avoidance (Sensory/Pain), demand avoidance (Escape), access to a preferred thing (Tangible) or to seek interaction (Attention).

The National Institute of Health Care Excellence (NICE) identify risk markers for increased prevalence of challenging behaviour for people who;

- Have communication difficulties\*,
- Are diagnosed with both Learning Disabilities and Autism,
- Have sensory impairments and sensory processing difficulties,
- Have physical or mental health problems,
- Are teenagers or in their early twenties
- Are in Hospital settings (*where rates rise significantly by 30-40%*).

*\* The Royal College of Speech and Language Therapists report 90% of people with Learning Disabilities have some communication difficulties; and for 50% their impairment is significant.*

## **Capable Environments**

A capable environment is a physical and social environment which promotes a good quality of life which makes challenging behaviour less likely to occur. Providing capable environments is not a substitute for individually focused Positive Behavioural Support; but for those people whose behaviour is not serious enough to warrant individual intervention, it is likely to be enough.

The core components of a capable environment are;

- ✓ Positive social interactions
- ✓ Support for communication
- ✓ Provision of opportunities for choice
- ✓ Encouragement of more independent functioning
- ✓ Personal health care and support
- ✓ Provision of acceptable physical environments
- ✓ Support to maintain/establish relationships with friends and family



- ✓ Support for participation in meaningful activities
- ✓ Provision of consistent predictable and personalised environments
- ✓ Mindful, skilled support workers
- ✓ Effective organisational context
- ✓ Effective management and support

## Positive Behavioural Support (PBS)

PBS builds on the foundations of capable environments and has four main features;

1. Improving Quality of Life. The most important goal is to improve the life experiences and chances of the person, and their informal or formal carers.
2. Based on a specific value base. A range of values underpin PBS: Person-centredness; avoidance of punishment or aversive practices; the inclusion of all stakeholders; PBS plans must fit with the values, skills and resources of those involved.
3. Uses behavioural methods. Functional relationships are assessed to understand the messages in the behaviour. Constructional behavioural approaches are used to teach functionally equivalent positive behaviours and skills. PBS Plans are built with a majority of proactive and preventative strategies whilst also planning for dignified and non-aversive reactive strategies for times of crisis.
4. A “system wide” approach. PBS is most successful when implemented across full services and organisations rather than just for the care and support of an individual.

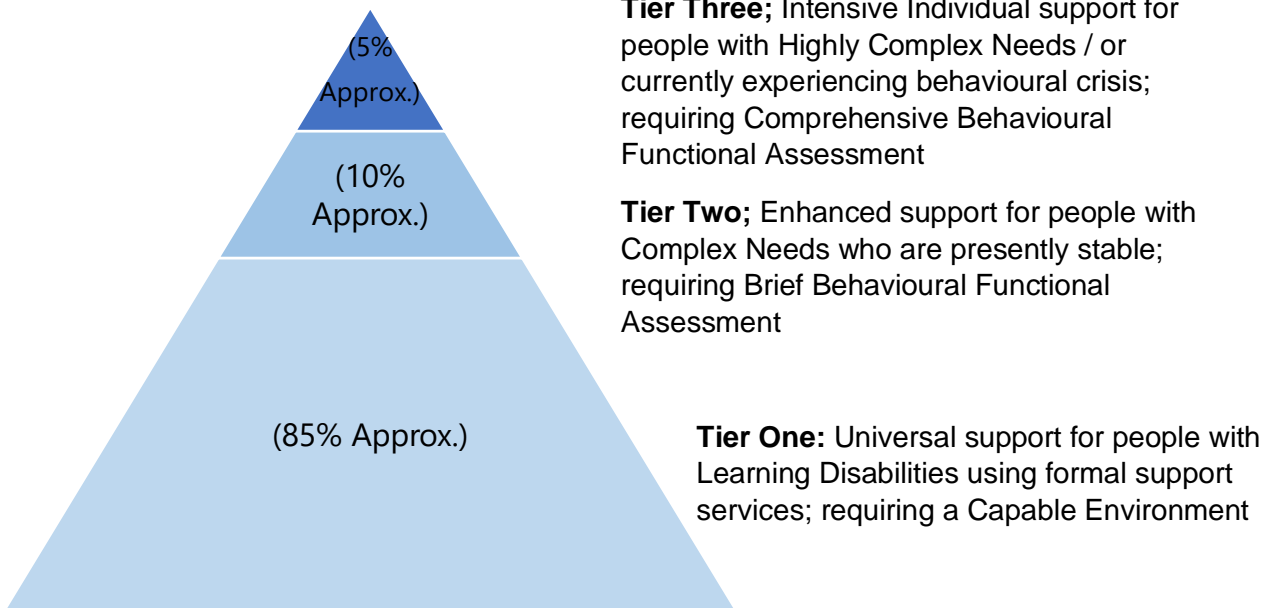
### ***What is PBS for and how does it work?***

PBS is an internationally researched and evidence-based framework, and is the recommended approach endorsed by the Scottish Government within the “Keys to Life” and the “Coming Home Report”. PBS effectively supports people with Learning Disabilities who display Challenging Behaviour\*.

*\*PBS can also be for people with Learning Disabilities who have a “Forensic” Criminal Justice involvement. Often, these individuals are also complex. This document does not describe the Forensic care and support pathways as there are specialised services exclusively for this group.*

PBS operates at three different Tiers of intensity depending on people’s needs (see Figure A, below). It is important to distinguish a PBS informed approach at Tier One, from a professional PBS service at Tier Three. At Tier One ensuring a “capable environment” will be sufficient for the vast majority of people within this group. Tier’s Two and Three respectively, provide a brief or comprehensive functional assessment and PBS support strategies. PBS at these Tiers is a professionally skilled psychological therapy requiring appropriate governance and clinical supervision.

**Figure A: The Three Tiers of PBS**



PBS is not “done to” a person by external professionals. The delivery of effective PBS strategies will be by “natural” carers (paid or unpaid) in ordinary settings with in-situ mentoring by a Practice Leader; operating under the supervision of PBS practitioners who have conducted either a brief or comprehensive functional behavioural assessment.

PBS is not a quick fix! The aim is to proactively support people over the long term and to monitor, maintain and improve their quality of life. Misconceptions about what PBS is and how specialist practitioners can support PBS delivery are commonplace. Unfortunately, it is not unusual for specialist support to be sought at the eleventh hour when a person is experiencing high levels of distress and challenging behaviour, and their placement is becoming untenable. This will be addressed in Section Two; prevention and early intervention.

## Appendix 3: Learning Disabilities Data– National Comparisons overview

# Learning Disabilities – National Comparisons overview

Corporate Services  
July 2022

### Introduction

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1. This brief report compares Edinburgh’s relative position in published national data. It highlights the weaknesses and inconsistencies in the data.
2. It is recommended that given these weaknesses, national comparisons should not be made.

### Sources

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3. Three sources of information have been used:
  - Public Health Scotland (PHS) – [Insights in Social Care: Statistics for Scotland \(2020/21\)](#)
  - Scottish Commission for People with Learning Disabilities (SCLD) – [Learning Disability Statistics Scotland \(LDSS\) 2019](#)
  - Scottish Government – [Local Government Finance Statistics \(SLGFS\) workbooks 2020/21](#)
4. Both the PHS and Scottish Government publications relate to 2020/21. The latest publication of LDSS from SCLD was for 2019 (there was no collection in 2020 and PHS have not been able to supply data timeously to SCLD for publication of 2021 data).

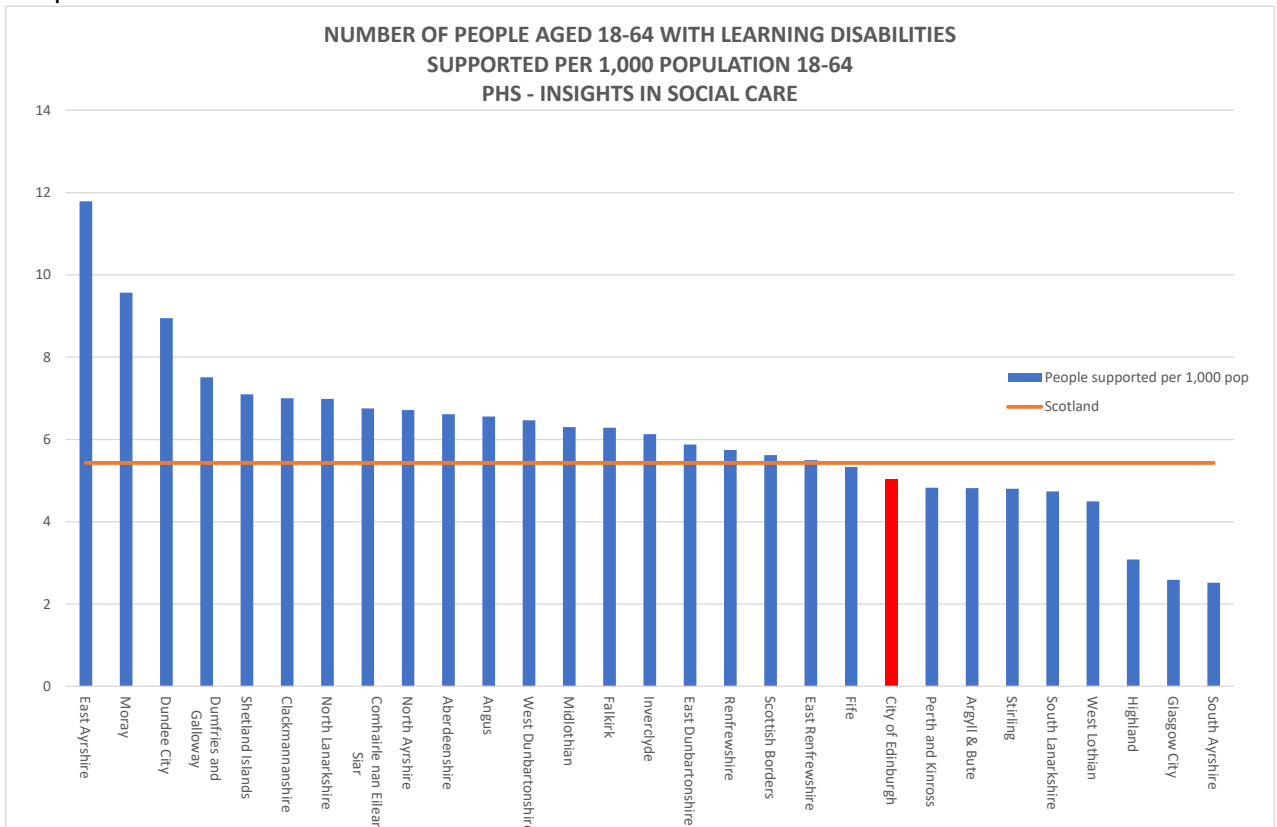
### Analysis

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5. The analysis of the available data, presented below, show variation that cannot be explained by natural variation in either the general or learning disability population.
6. Apart from SLFGS, it should be noted that data have not been published for each local authority. This limits comparisons that can be made. Notably missing is Aberdeen City. Being able to benchmark against the three other city local authorities would be desirable.

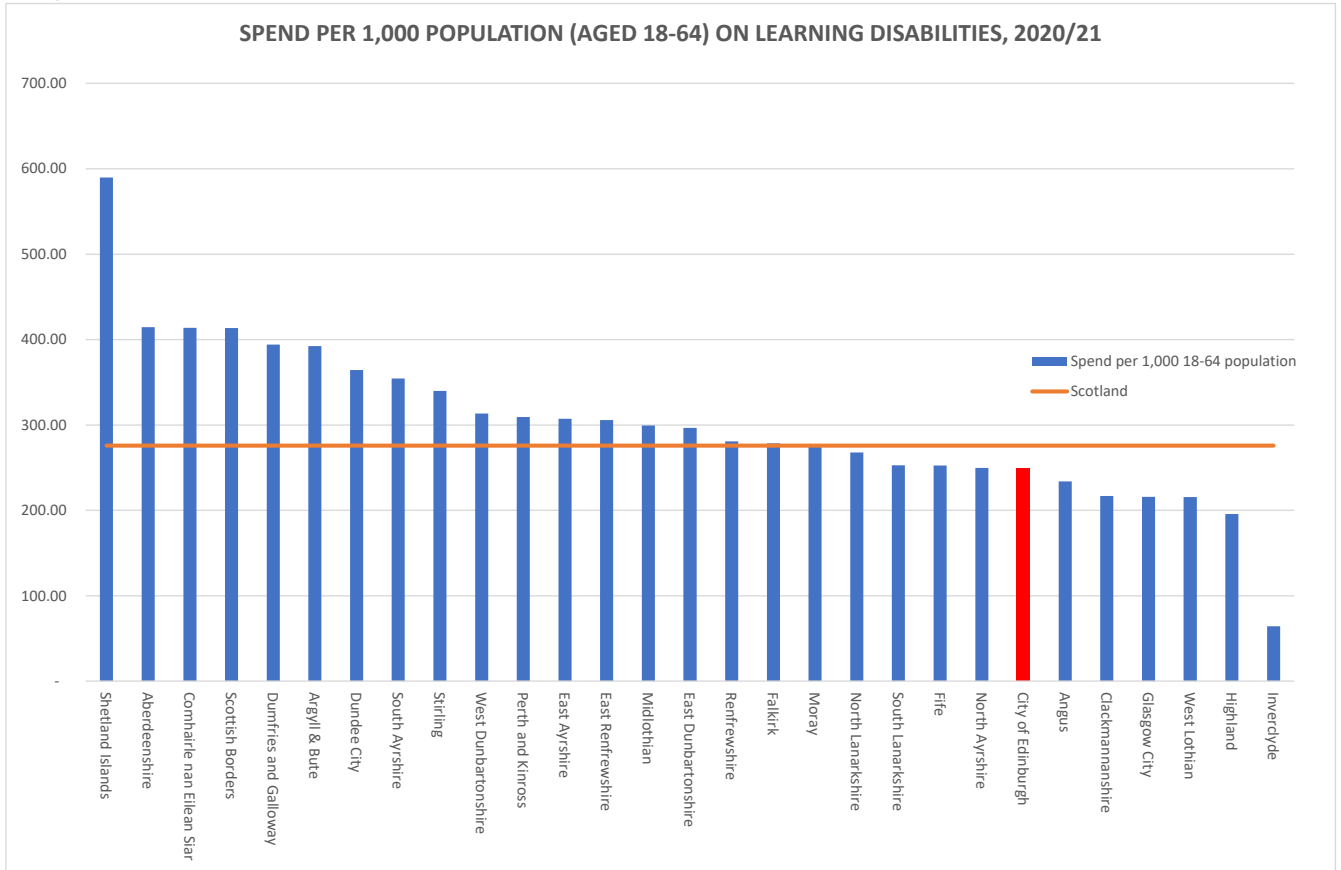
- From the PHS publication, the number of people aged 18-64 with a client category of learning disability is shown as a rate per 1,000 population 18-64. The graph shows a range from 11.8 people per 1,000 population in East Ayrshire to 2.5 per 1,000 population in South Ayrshire. Edinburgh (5.0 per 1,000 population) sits just below the Scottish rate (5.4 per 1,000 population).

Graph 1



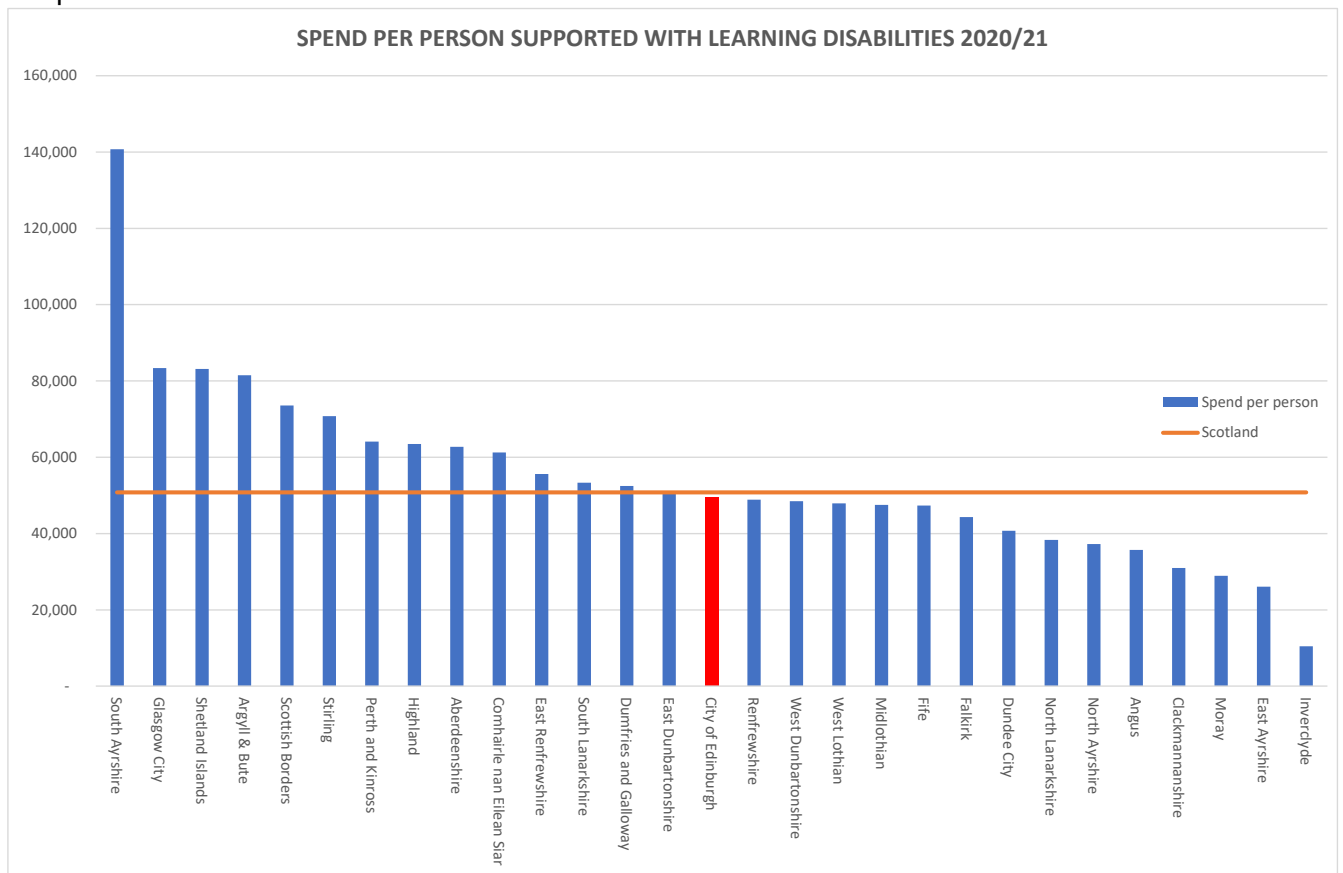
From SLFGS it is possible to look at the gross expenditure on adult social care for people aged 18-64 with learning disabilities. The graph below shows the spend per 1,000 people aged 18-64 in the overall population. There is a range from £590 per 1,000 people in Shetland to £64 per 1,000 people in Inverclyde. Edinburgh is reported as spending £249 per 1,000 people, just below the Scottish average of £276 per 1,000 people.

Graph 2



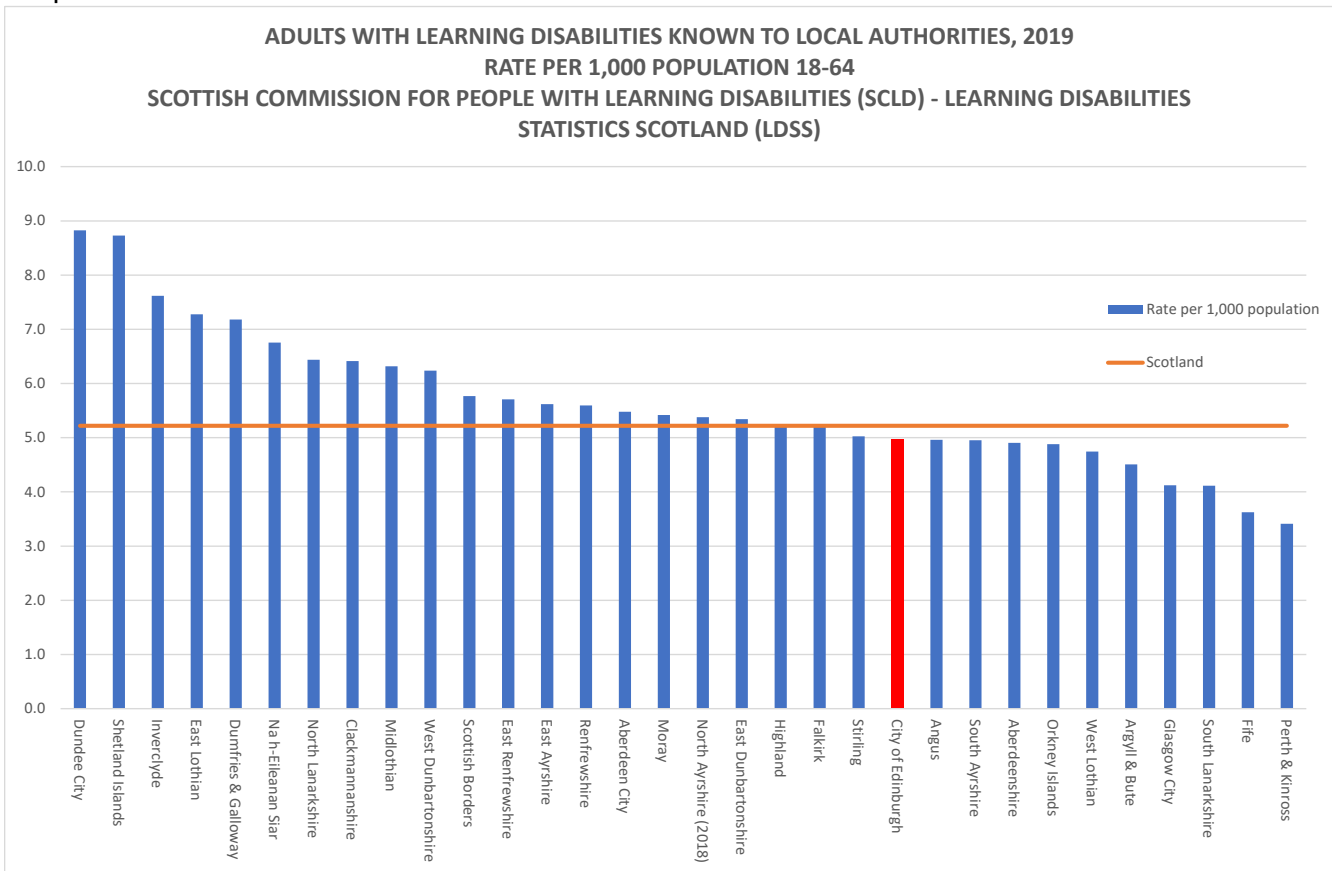
8. Combining the PHS and SG publications, it is possible to show the spend per person with learning disabilities. This is shown in the graph below. There is a range from South Ayrshire £141,700 per person supported to Inverclyde £10,500 per person supported. Edinburgh spends £49,500 per person supported, just below the Scottish average of £50,800.

Graph 3



9. The LDSS publication considers information related to the people *known* to local authorities (this varies by authority but includes those receiving advocacy from partner agencies, Further Education, employment support etc in addition to directly provided social care – depending on data availability, not all authorities provide all data items, so in itself is incomparable).
10. The graph below shows a range from Dundee (8.8 per 1,000 population) to Perth and Kinross (3.4 per 1,000 population). Edinburgh has 5.0 per 1,000 population, just below the Scottish average of 5.2 per 1,000 population.

Graph 4



- It might be reasonable to expect the rates in graphs 1 and 4 to be similar, even those in graph 4 to be higher given the wider scope of non-social care services that would be covered. However, these do cover different years (as noted earlier, data for 202 is yet to be published by SCLD). Regardless, South Ayrshire which ranks lowest in the PHS publication is ninth lowest in LDSS. East Ayrshire, highest in the PHS publication is 13<sup>th</sup> in LDSS. This level of inconsistency in a relatively stable population highlights the known underlying data quality issues surrounding learning disabilities nationally, not just in Edinburgh.

## Conclusion

- There is variability in the data that are nationally available. This indicates the different thresholds, interpretations and sources for data across authorities (and returns).
- However, it is notable that in each measure, Edinburgh sits just below the Scottish average.

### Philip Brown

Senior Change and Delivery Officer

Data, Performance and Business Planning (Corporate Services)

12 July 2022



## Appendix 4: Information on people with LD

Fig 1: Statistics show that people with learning disabilities do not yet enjoy the same life chances as others (*Keys to Life Implementation Framework, 2019*)



## Appendix 5: Services for people with a Learning Disability in Edinburgh

### Core Service Types

*These include individually funded services, paid for out of a budget that has been allocated to a person based on their need*

#### Day Support:

- Usually provided five days a week, Monday to Friday.
- Trend has been building based day support, but work is ongoing to develop a new model of day support
- 90% of day support is provided via 17 external, third sector providers
- Remaining 10% is delivered by two internal service (Castle Craigs and Firhill). These services are normally used when external providers are not in the position to deliver, or packages of support are too complex.

- Day services are fully operational post Covid. However, they are not currently able to provide full services because of recruitment and retention challenges across health and social care

### **Housing & Care at home with Support**

- People living in a community, in their own tenancy with paid support. Often support is described as core and cluster.
- Challenges over the last five years finding accommodation for people with complex needs. Some success with CEC housing, but slow.
- Care home model has reduced to almost nil. A large proportion of these services are provided by third sector providers, with the support being mainly general support. EHSCP provides support for people with complex needs and forensic support.
- In Edinburgh there are 33 external providers delivering housing support and Care at Home

### **Breaks from Caring/short breaks/respite**

- Previous models have been building based care homes
- Work with brokerage schemes like Breakaway have offered more creative experience for the person being cared for.
- EHSCP were the main providers of regular support however, more third sector providers are now offering short breaks

### **Additional Services**

*These services are free at the point of access but will generally require a referral/assessment in order to access them*

### **Local Area Coordination (LAC) team**

- The LAC Team supports people with lower needs and has a focus on prevention of escalation to higher tariff services.
- It is a universal service, referred to by social work
- The LAC team often supports people who require an element of ongoing support (short, medium or long term) but are not in need of a funded service

### **REAS Associated Services (linked to the Royal Edinburgh Hospital):**

- **4 community learning disability teams** based in localities
  - o The Community Learning Disability service aims to provide specialist health care, advice and treatment to adults with a learning disability



through locally based multidisciplinary teams. This also includes advice and support for families / carers.

- It supports other health and social care agencies to provide mainstream services to people with learning disabilities that will enable health improvement and reduce barriers when accessing services.
- The service strives to improve both the physical and mental health of people with learning disabilities by providing efficient and effective health care based on individual needs.

- **Specialist Learning Disability Services:**

- **Forensic Assessment Support Teams (FAST):** supporting people with forensic needs
  - Provides short-term assessment, support & treatment for people who have a mild to moderate Learning Disability, with additional mental health problems, or psychological difficulties which incur the involvement of the Criminal Justice System.
- **Specialist Positive Behaviour Service (PBS) team:** supporting people with complex needs
  - Provides assessment, treatment and intensive support for adults with a learning disability whose behaviour is severely impacting on their quality of life.
- **Mental Health Intensive Support Service Team (MHIST):** the service works with adults with learning disabilities and mental health difficulties:
  - 
  - to prevent admission to hospital due to mental health issues
  - Facilitate admission to LD beds/General Adult Psychiatry (GAP)
  - Support throughout admission
  - Plan, facilitate & support early discharge from hospital.
  - Short term post discharge support in conjunction with CLDT.

*Across these services there are Allied Health Professionals (AHPs) that link into all of these services through a referral pathway.*

### **Royal Edinburgh Hospital**

Hospital-based services at the Royal Edinburgh Hospital Campus, which provides acute psychiatric and mental health services, including 33 in-patient beds for assessment and treatment of people with a learning disability. The service also has health care houses which provide rehabilitation and transitional care across Lothian

### **Young people with a disability**

- A small team of social workers who support people with a learning disability through transition from children to adult services.

### **Engagement and advocacy forums**

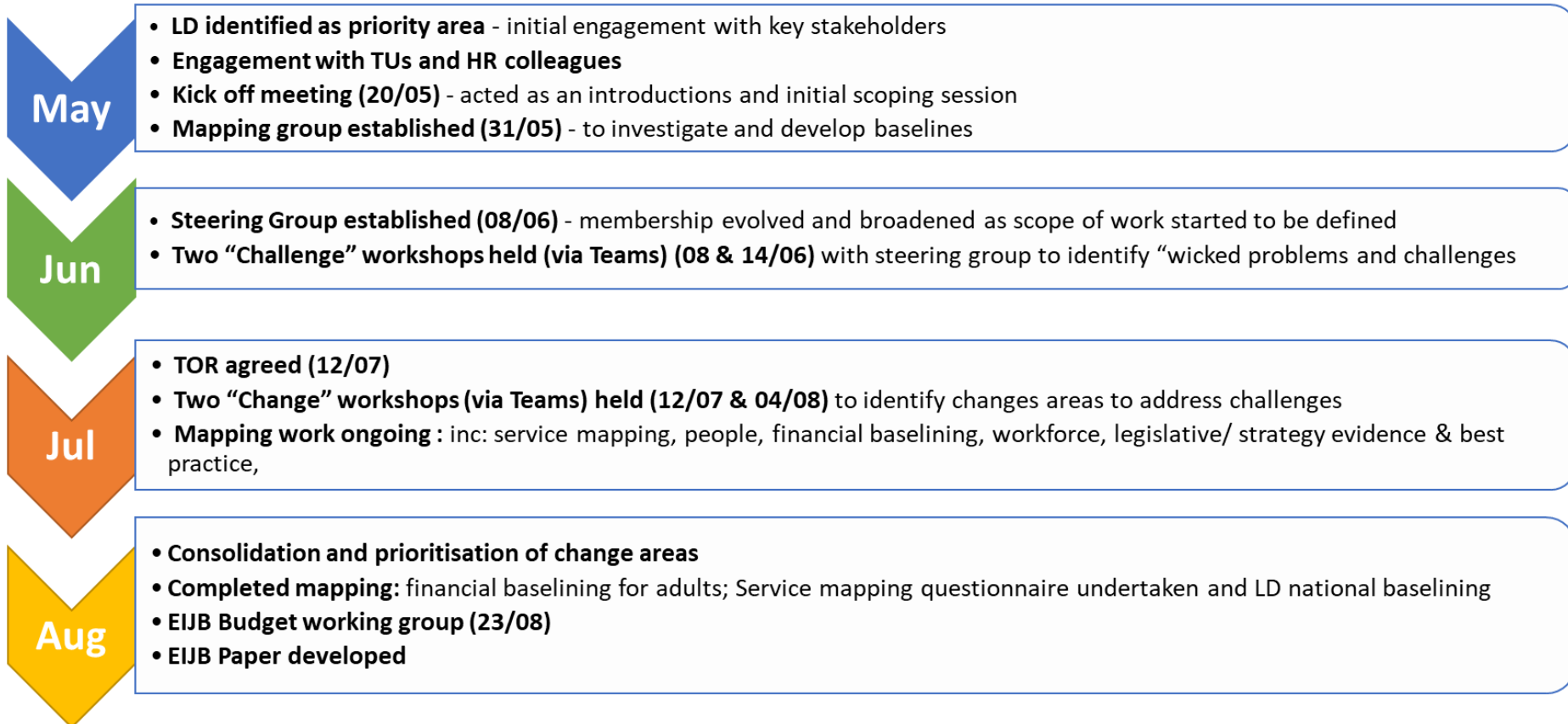
#### **Learning Disability Citizen's forum**

- Forum to discuss and gain views from people with a learning disability
- Engagement and consultation with people who have a learning disability is and will be essential and the Learning Disability Citizen Forum provides a platform for this in a meaningful way where the majority of members have a learning disability so as not to be subsumed by the voices of professional staff.

#### **Locality Learning Disability Provider Forums**

- Forum exists to encourage shared learning and to collaborate on service developments. These groups include Third Sector colleagues from learning disability organisations and relevant EH&SCP staff.

## Appendix 6: Timeline for Developing Learning Disability Pipeline Proposal



## Appendix 7: Key Challenges identified with delivery of Learning Disability Services in Edinburgh

No.	Theme	Challenge
1.	<b>Internal structures and process</b>	a. Providers not being paid timeously
		b. Reliant on other areas/ departments aligning to ensure common understanding and working in the same strategic direction. Challenges with wider processes that means we do not spend our time/ efforts on working with people
		c. Policies and procedures do not reflect PBS as a priority
		d. Different risk tolerances across HSC system (NHS/ LA)
		e. Do not have a consistent approach to policies and procedures across health and social care, particularly in relation to having a standardised approach to managing risk and PBS
		f. Need more effective ways of managing transitions
		g. Lack of “check ins” and reviews of packages of care because of a lack of capacity
		h. Make too many decisions in crisis. Need to take a longer term planned approach
		i. Approach seems to focus on planning for crisis
		j. Need better, more effective assessment and planning
		k. Our systems and structure are not as effective and efficient as we would want
		l. Need to improve engagement with PMLD (Profound and Multiple Learning Disabilities) and carers
		m. Ineffective communication externally

		n. Unclear pathways for people through services
		o. Lack of continuity of support from one individual, who can answer all questions, or provide support to people in seeking out the answers
		p. Disconnect between planning and delivery of care – well thought out plans do not always translate over time into delivery
2.	<b>Provision of services for those with complex needs</b>	a. Need a more preventative approach/ mechanisms to avoid crisis situations and implementation of high-cost solutions - Proactive assessment work
		b. Need to ensure our third sector and independent providers are robust and are supported to modernise/ transform their services in line with strategic objectives (national/local)
		c. Lack of capacity of providers to sustainably support those with complex needs live in the community in line with the Coming Home Report (CHR)
		d. It is going to be 3-4 years before providers are going to be in a position to provide the level of PBS support that is required to enable the shift to community-based services (in line with the Coming Home Report)
		e. Need to build better partnerships with providers to ensure they follow care plans, link in with HSC support earlier when challenges arise and understand that acute settings are not available for placement breakdown
		f. Do not have sufficient providers that are able to evidence that they: <ul style="list-style-type: none"> <li>- have staff capacity to maintain provision</li> <li>- can guarantee quality of training provided to staff</li> <li>- have appropriate escalation processes in place to avoid placement/ package breakdown</li> <li>- can evidence that PBS embedded</li> </ul>

		g. Insufficient capacity to provide wraparound support
		h. Need more effective ways of managing transitions
		i. Need to improve our future planning with providers to plan for future transitions
		j. Inappropriate staffing structure to support move into community
		k. Lack of effective crisis provision
		l. Lack of effective dynamic risk register that enables the monitoring of placements at risk of breakdown/ crisis to enable a preventative approach (will be develop as part of CHR work)
		m. Do not have a clear pathway
		n. Care inspectorate and registration requirements could be a barrier to suitable housing. E.g. - Having a max of 6 people living in core and cluster building that into a city environment is challenging
		o. Adult Protection concerns and issues/ LSIs highlighting issues with the quality of provision we have available (environment, property and the support)
3.	<b><i>Provision of services for those with mild to moderate needs (focus on preventative supports)</i></b>	a. Need to ensure we have a variety of options and choices for people at every age and stage
		b. Provision of services can often be binary in terms of choice
		c. Need more effective ways of managing transitions
		d. Do not take enough of a preventative approach early enough which means we miss opportunities to establish support that make prevent someone needing such high levels of support later on in life



		e. Barrier to identification of individuals with low to moderate needs can be the eligibility criteria.
		f. Need to understand what opportunities still exists since the pandemic (what has closed/ stopped/ change)
		g. Access to some services is currently challenging because of workforce/ recruitment issues – is leading to placement breakdown in some instances
		h. College placements are harder to access than pre-pandemic
		i. Lifespan of people with disabilities is 20+years shorter, need to support people to have the best physical health they can do (link in with SG directive to complete Health checks with all PWLD 16+)
		j. Long waiting lists to access OT support (focus is on urgent physical life care for people at the end of the spectrum, people who have very complex needs or people who have dementia and who are needing a lot of physical support from OT's) but access to OT would help inform what their skills are, how to support them in how to engage with day opportunities, how to support them to engage with their carers and support agencies
		k. Inconsistent, ineffective and inefficient models of care across the spectrum –
		l. Eligibility criteria can act as a barrier to being able to take a preventative approach –
		m. Inconsistent awareness (by SW) and support to apply for ILF
4.	<b>Balance of care</b>	a. Need to shift the balance of care into a community setting to help us deliver effective support for PWLD

		b. Different risk tolerances across HSC system (NHS/ LA)
		c. Inappropriate staffing structure to support move into community
5.	<b>Commissioning strategies &amp; contracts</b>	a. Need to improve contract monitoring & supervision -
		b. Need to establish Commissioning Framework/ Mechanisms to provide reassurances that providers can deliver packages of care sustainably. - sufficient
		c. Need to move away from crisis commissioning
		d. Work required to help shape the market -
		e. Need to ensure that Void costs are not prohibitive to commissioning
		f. Need to strengthen relationships across teams and services
6.	<b>Workforce (internal &amp; external)</b>	a. Lack of quality staff training: - targeted skills building required (developing the skills, the resources and capacities for staff to be able to deliver appropriate support and services) -
		b. Need to ensure staff are supported to maintain and enhance skills, and apply and embed training .
		c. High vacancies
		d. Recruitment & retention issues
		e. Workforce shortages
		f. Access to some services is currently challenging because of workforce/ recruitment issues

		g. Inconsistency in the banding of staff
		h. Inappropriate staffing structure to support move into community
		i. Insufficient capacity to provide wraparound support from AHP, community learning and disability teams
7.	<b>Financial resources</b>	a. Need to fully understand how we are using our resources and what it will cost to deliver sustainable services in the future
		b. Need to use our existing resources in an intelligent and efficient way
		c. Need to reduce the number of decisions made in crisis. Need to take a longer term, planned approach
		d. We need to forecast and plan for future demand accurately
		e. Need to move away from crisis commissioning
		f. Lack access to resources to help commission services e.g., allow for double running costs as we move to new approaches/ ways of working
		g. Need to address/ discuss the issue of void costs and find a sustainable solution if providers are going to be in a position to develop the market
8.	<b>Data, systems and processes</b>	a. Need accurate/ robust data to help ensure evidence-based change and to understand the impact of that change
		b. Challenges with access to quality data

		c. Systems are not integrated
		d. Inconsistency with how systems are used
		e. Inconsistency with how information is inputted onto systems
9.	<b>External Factors</b>	a. Price of land is high and for providers it's expensive to build or buy in Edinburgh, making it much harder to get investment into Edinburgh

## Appendix 8: Key Change areas identified

No.	Change Areas	Area it would address
1.	<p><b>Map and (as appropriate) redesign pathways and services, ensuring no duplication and identifying opportunities to learn and develop – <i>Exploring opportunities for alignment and multidisciplinary team working</i></b></p> <ul style="list-style-type: none"> <li>– Map what services are being delivered that we can learn from and expand</li> <li>– Map and understand current pathways, do they provide a range of opportunities and how we are promoting to those on the ground? (Pathways have changed since Covid, need to understand what the impact or outcomes have been from that)</li> <li>– Explore opportunities for holistic H&amp;SC reviews to be conducted by third sector day support providers</li> <li>– Prioritise the use and development of Life Plans (Work to identify freeing up resources and investment for prevention)</li> <li>– Map out key transition points, identify key resources available at each point and work into LD plan</li> <li>– Redesign pathways and services ensuring no duplication</li> </ul>	<div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; margin-bottom: 5px;">2. Provision of services for those with complex needs</div> <div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; margin-bottom: 5px;">3. Provision of services for those with low-moderate needs</div> <div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px;">4. Balance of care</div>

2.	<p><b>Plan and develop robust community-based supports for people to live independently in community and to provide higher level of support, assessment, and treatment (not permanent) at crisis points</b></p> <ul style="list-style-type: none"> <li>- Take cognisance of the Scottish Governments 'Coming Home' report and the plans for people to live in their own homes, not hospitals</li> <li>- Ensure that the SG 'Risk Register' is implemented across all providers and captures</li> <li>- Continue to work with Housing colleagues to develop bespoke homes</li> <li>- Consider a CPA approach for people with complex needs</li> </ul>	<p>2. Provision of services for those with complex needs</p>
3.	<p><b>Map and understand community resources and their ability to provide wrap around care. Understand gaps in provision and use this to inform and shape commissioning approaches:</b></p> <ul style="list-style-type: none"> <li>- Community environments for early interventions, where people can spend time with those supporting them</li> </ul>	<p>3. Provision of services for those with low - moderate needs</p>
4.	<p><b>Scope how we connect and support people with low and moderate eligible needs to ensure they continue to develop life skills as adults that enable them to live safely in their community and have fulfilling lives.</b></p> <ul style="list-style-type: none"> <li>- Thought to be given to the application of eligibility criteria</li> <li>- Consider how we can be flexible for those people who might not meet strict criteria but can be best supported by us</li> </ul>	<p>3. Provision of services for those with low - moderate needs</p>
5.	<p><b>Structured, organised review of systems and processes, policies, and procedures (potential working group)</b></p> <ul style="list-style-type: none"> <li>- <i>To be integrated into discrete change projects</i></li> </ul>	<p>1. Internal structures and processes</p>
6.	<p><b>Review of recording approaches processes to ensure that we are able to provide consistent, accurate and reliable data to help us understand:</b></p> <ul style="list-style-type: none"> <li>- Unmet need</li> <li>- Future demand</li> <li>- Forecast and plan what services are required to meet the need</li> </ul>	<p>8. Data, systems and processes</p> <p>1. Internal structures and processes</p>

	- Forecast and plan what workforce is required to meet the need	
7.	<b>Strengthen staffing models and structures</b>	<p>6. Workforce (internal &amp; external)</p> <p>2. Provision of services for those with complex needs</p> <p>3. Provision of services for those with low - moderate needs</p>
8.	<b>Workforce mapping and planning</b> <ul style="list-style-type: none"> <li>- Linking with identified future service requirement, map the required workforce to understand if we have the required future workforce required to deliver what is needed</li> <li>- Include external, internal, and those not managed by the partnership</li> <li>- Work towards a standardised education/training approach across health, social care and external providers (<i>build relationship with clinical staff to support this</i>)</li> <li>- <i>Embed Positive Behaviour Support model</i> – signing people up to a PBS model of care, and upskill staff on the model (Glasgow University offer an intensive course) –</li> </ul>	<p>6. Workforce (internal &amp; external)</p> <p>2. Provision of services for those with complex needs</p> <p>1. Internal structures and processes</p>
9.	<b>Full review of our commissioning contracts, to understand what they are providing, what we require in the future, what they are in a position to sustainably provide in the future.</b> <b>To include:</b> <ul style="list-style-type: none"> <li>- Look at commissioning frameworks and procedures to streamline process</li> <li>- Identifying key learning from Thrive Commissioning and design process in mental health, to identify how that would work for LD</li> <li>- Monitoring of use/ outcomes, governance and grip and control</li> </ul> <p><i>*note that this is bigger than this group, and is being considered by Procurement board looking at wider issues with contracts and commissioning</i></p>	<p>2. Provision of services for those with complex needs</p> <p>3. Provision of services for those with low-moderate needs</p> <p>5. Commissioning strategies &amp; contracts</p>

## REPORT

### Edinburgh Integration Joint Board Audited Annual Accounts for 2021/22

Edinburgh Integration Joint Board

27 September 2022

#### Executive Summary

This paper presents the audited 2021/22 annual accounts for the Edinburgh Integration Joint Board.

#### Recommendations

The board is asked to:

1. note the 'amber' rated Internal Audit opinion for the year ended 31st March 2022;
2. approve and adopt the annual accounts for 2021/22;
3. delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland;
4. authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the Board; and
5. authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

## Directions

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

## Report Circulation

1. The unaudited annual accounts were considered by the Audit and Assurance Committee on 31<sup>st</sup> August 2022.
2. Audited annual accounts along with the external audit annual report and the internal audit annual opinion were considered by the same committee on 20<sup>th</sup> September 2022.

## Main Report

### Background

3. Integration Joint Boards (IJBs) are required to produce annual accounts. As the appointed “proper officer”, it is the responsibility of the Chief Financial Officer, to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom. In accordance with this guidance, draft financial statements were produced and submitted to the appointed external auditors, Azets Audit Services Limited (Azets) on 24<sup>th</sup> June 2022. Following this they were presented to the Audit and Assurance Committee (AAC) on 31<sup>st</sup> August 2022.
4. Over the summer months, the unaudited accounts were considered by Azets. As a result of the audit a small number of disclosure adjustments were recommended and these have been reflected in the financial statements alongside a small number of minor presentational amendments suggested by AAC.





5. This work has concluded and the auditors are now in a position to give a proposed independent opinion on the financial statements and report on the arrangements in place to ensure the proper conduct of financial affairs and to manage performance and use of resources.
6. The financial statements for the IJB for 2021/22 are attached as appendix 1 to this report.
7. The proposed 2021/22 Annual Audit Report to the members of Edinburgh Integration Joint Board and the Controller of Audit from Azets is attached at appendix 2. This includes a small number of recommendations along with appropriate management responses. Progress with delivering these will be reported to, and scrutinised by, the AAC.
8. Following review by the IJB, there may be minor changes to the textual content from that of the circulated version of the report. It is proposed that any such minor amendments be negotiated and agreed by the Chief Finance Officer up to the date the accounts are signed by the auditors.

### **Representation letter**

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

### **Internal audit opinion**

10. The Chief Internal Auditor has produced an internal audit annual opinion 2020/21 for the IJB based on activity undertaken for the financial year ended 31<sup>st</sup> March 2022. This was presented to and discussed by the Audit and Assurance Committee on 31<sup>st</sup> August 2022 and is included as appendix 4 to this report.



11. Internal Audit (IA) considers that some improvement is required to the IJB control environment and governance and risk management frameworks and is reporting an 'amber' rated opinion with the assessment moving towards the green (effective) category. This opinion reflects an improvement on the 2020/21 IA annual opinion outcome, which was also amber, with our assessment moving towards the red (significant improvement required) category.
12. This opinion is based on the outcomes of the three audits completed as part of the 2021/22 internal audit annual plan and the status of open internal audit findings as at 31 March 2022; and is also informed by the outcomes of relevant Partnership audits performed by the City of Edinburgh Council and NHS Lothian, and the status of any open and overdue Partnership IA findings. It states:

*“Whilst some control weaknesses were identified, in the design and/or effectiveness of the control environment and/or governance and risk management frameworks, they provide reasonable assurance that risks are being managed, and the EIJB’s objectives should be achieved..”*

## **Implications for Edinburgh Integration Joint Board**

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### **Financial**

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

### **Legal/risk implications**

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

### **Equality and integrated impact assessment**

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

### **Environment and sustainability impacts**

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

### Quality of care

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

## Consultation

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

## Report Author

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**Moira Pringle**  
**Chief Finance Officer, Edinburgh Integration Joint Board**

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## Appendices

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Appendix 1	Edinburgh Integration Joint Board Annual Accounts 2021/22
Appendix 2	2021/22 Annual Audit Report to the members of Edinburgh Integration Joint Board and the Controller of Audit
Appendix 3	Letter of representation
Appendix 4	Internal Audit annual opinion 2021/22

# Edinburgh Integration Joint Board

**Annual Accounts 2021/22**

The Annual Accounts of Edinburgh Integration Joint Board for the year ended 31 March 2022, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 and Service Reporting Code of Practice.

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## MANAGEMENT COMMENTARY

### Introduction

This commentary provides an overview of progress against the objectives and strategy of the Edinburgh Integration Joint Board (EIJB). It considers our financial performance for the year ended 31st March 2022 and gives an indication of the issues and risks which may impact upon our finances in the future.

### Role and remit

#### Edinburgh Integration Joint Board

Integration Authorities were created to transform health and social care in response to the challenges faced across the system. Specifically, sustained real term reductions in funding, coupled with a demand for health and social care services projected to increase significantly and at a faster rate than the wider economy.

EIJB was established as a body corporate by order of Scottish Ministers in June 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. This legislation brought together the planning and operational oversight for a range of NHS and Local Authority services under the EIJB as a statutory public body, with the intent to improve overall health and wellbeing through the delivery of efficient and effective health and social care services. One of the key levers available to the EIJB to support transformation is that NHS and Local Authority budgets are no longer separate. We can move resources between the partners in order to deliver new models of care and ensure the health and care system for Edinburgh is high quality, sustainable and effective.

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

## Delegated services

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

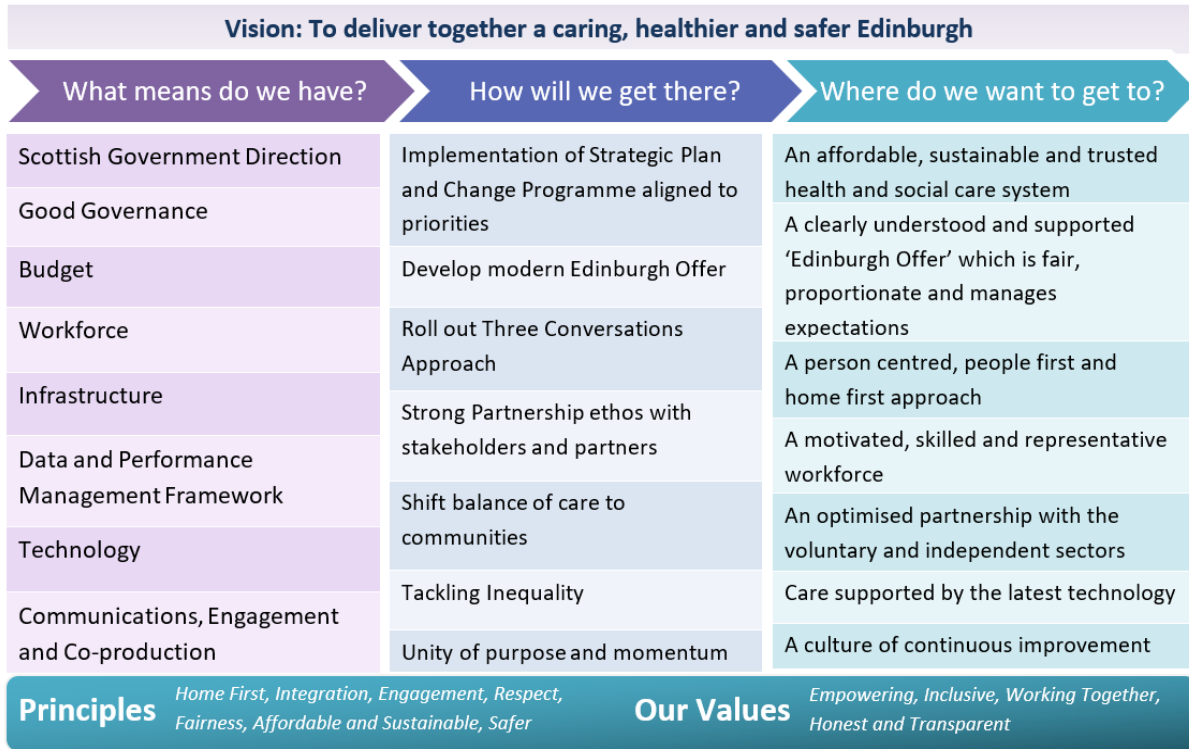
Adult social care	Community health	Hospital-based services
<ul style="list-style-type: none"> <li>• Assessment and care management including occupational therapy</li> <li>• Residential care</li> <li>• Extra-care housing and sheltered housing</li> <li>• Intermediate care</li> <li>• Supported housing –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

## Strategic Plan

Over the past six years, the EIJB has established itself as a board and developed its ambitions and priorities for change and improvement in the services delegated to it. Throughout this period, despite the pressure of the Covid pandemic, we have made steady progress in most areas. Nonetheless, we expect to face more testing times ahead as demand and complexity increases are set against pressure on budgets and staffing levels. Edinburgh’s population of almost half a million accounts for 9% of the total population of Scotland and is projected to increase faster than any other area of the country over the next ten years. The rate of growth is higher in some age groups than others. Whilst this expansion has many social and economic advantages, it also presents challenges. Although a relatively affluent city, Edinburgh has areas of significant inequality and ‘deprivation’ and one of our key priorities is to work with our partners to reduce health and social inequalities.

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

We are now engaged in the next planning cycle, building on our strategic ambitions through an innovation and sustainability lens. The current strategic plan can be found [here](#) and our strategic framework is captured in the schematic below



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

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



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



### Transformation programme

To deliver the vision set out in the strategic plan, we designed a comprehensive programme of redesign and transformation, working in tandem with other core strategies such as Carers, Thrive Edinburgh (mental health) and the Primary Care Improvement Plan (PCIP). Our transformation programme, established in early 2020, has been a key delivery mechanism for the ambitions set out in the strategic plan. It is a wide-ranging and ambitious programme of whole system change, which is transforming ways of working and delivering high quality and sustainable health and social care services for our citizens. The delivery of the programme has been supported by a dedicated team of project management professionals and was originally funded on a 2-year temporary basis.

We also recognise that the need for change and transformation is continuous. While transformation projects have delivered some key successes, we know that more is required to ensure that health and social care services in Edinburgh are sustainable in the longer term and fit for the future. We also recognise the need to adapt to the establishment of a new National Care Service and the introduction of Care Boards. With this in mind, we are now transitioning our transformation programme into a new “Innovation and Sustainability Portfolio”. This will bring together all of our major change and innovation work, with a clear focus on driving efficiency and delivering sustainability – not just in relation to finance, but also in terms of future workforce and service/care capacity.

The Innovation and Sustainability Portfolio encompasses some of the key projects which were initiated under the previous transformation programme and is also working to develop a pipeline of new projects and initiatives to address challenges and improve performance.

The **3 Conversations** approach remains one of our key strategic pillars and has been rolled out widely across locality assessment and care management teams. It has evidenced positive impacts in terms of much quicker response times and our ability to support people towards good outcomes without the need for formal, paid-for services. We will continue to roll out the approach more widely across our services, recognising the benefits for both our staff and the people we support.

The **home first** project is helping avoid the need for hospital admission and supports people to get home as quickly as possible once it is safe for them to do so. We aim to embed the home first ethos, with a dedicated staff team, into our business as usual service by the end of 2022.

Significant work has been completed to develop an overarching, **bed based care strategy**. Phase 1 of the strategy was approved by the EIJB in October 2021 and focusses on the innovative redesign of models of care in intermediate care, care homes and hospital based continuing complex care (HBCCC). The bed based care strategy provides the framework for the implementation of person-centred, high-quality bed-based services which maximise capacity, manage demand and provide quality outcomes for individuals in the right place and at the right time. Phase 2 of this work will focus on redesigning models for mental health beds, specialist

inpatient rehabilitation and palliative and end-of-life care. A wide-ranging public consultation will be carried out in 2022, seeking views and input on future care models within the community.

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

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

We have recently secured additional resource to begin to develop a comprehensive programme of **digital transformation**. This will align with the Scottish Government’s Digital Health and Social Care Strategy and will seek to maximise the use of existing and emerging technologies to support citizens to remain independent at home for longer, and to appropriately equip our frontline staff and optimise capacity, while also addressing issues with systems and data.

Overarching it all, our inaugural workforce strategy, **‘Working Together’**, was approved by the EIJB in February 2022 and aims to ensure that we have skilled and capable staff that can deliver our vision of ‘a caring, healthier and safer Edinburgh’.

Over the next stage of the strategic planning cycle, our priorities and planned actions will be refined and adjusted where necessary and any identified gaps will be closed. The next EIJB strategy is in development and will be published by March 2023. This will clearly have to take account of the new National Care Service (NCS) which is expected to be established by the end of the current term of Parliament. In June 2022, the Scottish Government published the National Care Service Bill which proposes to establish a NCS and will make Scottish Ministers accountable for adult social care in Scotland. Current IJB arrangements are expected to be replaced by local delivery boards, known as “Care Boards” which will work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services for communities.

## Operational overview

### Annual performance report

We will publish our sixth annual performance report at the end of October 2022, which will provide a review of the progress made during 2021/22 against our strategic plan 2019-22 and the ways that services responded to the pandemic. As in previous years, we will detail our performance against the six strategic priorities in our strategic plan and against the Scottish Government’s national health and wellbeing outcomes and associated indicators.

2021/22 has been another challenging year for the health and social care sector throughout Scotland and this has been felt across our services in Edinburgh. Despite the success of the vaccine rollout, high infection rates and ongoing restrictions meant the Covid pandemic continued to affect our work. System pressures arising from staff shortages, increasing demand from residents with increasingly complex needs, and ongoing difficulties in recruitment made for a demanding year, but frontline staff once again delivered exceptional services to our most vulnerable residents.

Trend comparison of our performance remains difficult because of the extraordinary impact of the pandemic but we continued to perform well in some areas of the national indicators (NI) and faced challenges in relation to others. Of the 18 national indicators reported, we are in line with or compare favourably to the Scottish average in eleven indicators and are closing the gap in a further four. The main area of difference with the

Scottish average is for delayed discharges (NI19), which has been affected by the significant issues with social care capacity felt across the country, but particularly acutely in Edinburgh due to the demographics of the city. There was, however, a 12% drop in the rate of emergency readmissions to hospital within 28 days, an area of concern in previous years; and in line with our Home First approach, more adults with intensive care needs received care at home.

As ever, our thanks go to all our staff and partners for their dedication and hard work during the year, and to the unpaid carers that provide vital care and support to our most vulnerable citizens.

### COVID-19 impact and response

2021/22 was the second year of the pandemic and, as such, was another challenging year for the health and social care system as restrictions eased but covid cases remained high. This resulted in staff shortages, increasing demand from residents with increasingly complex needs, and ongoing difficulties in recruitment. These system pressures were also reflected nationally and, whilst many are not new, they have been exacerbated by the EU exit and the covid pandemic.

Since March 2021, we have seen both an increase in referrals for social care support, and an increasing number of people being assessed as requiring a service. This increase in demand resulted from people being de-conditioned (ie frailer, less confident) following periods of lockdown, family/unpaid carers who are exhausted having cared for people during the pandemic returning to work following the end of furlough, and a general build-up of demand emerging as messaging about services being 'open as usual' were 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. Decreasing capacity to deliver services resulted from:

- Loss of staff – to other industries and because of the exit from the EU
- Staff sickness absence and Covid-related absences
- Long-term challenges with recruitment to the social care sector.

Capacity within community care at home remained fragile. Many providers focused their limited resources on the delivery of essential visits only, working with families and carers to ensure that people's care needs were met. Several were unable to cope with their existing care commitments, therefore alternative care providers were sought. These factors impacted on our ability to meet demand, with increasing waitlists for social care assessment and provision, and an increase in people delayed while awaiting discharge from hospital.

As a result of these pressures being felt across the country, in early November 2021, the Scottish Government (SG) allocated additional funding of £300m across Scotland for the remainder of the financial year. Using our share of this funding, the IJB agreed a programme of investment, framed to reflect the priority areas identified by the SG as well as supporting sustainability beyond the immediate crisis.

## Financial Overview

### Annual Accounts

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

### 2021/22 Financial Plan

Each year we produce a financial plan which sets out how we ensure our limited resources are targeted to maximise the contribution to our objectives in the year ahead. For 2021/22 our financial plan (agreed by the board in March 2021) assumed funding from our partners totalling £692m and estimated costs for the year at £723m, giving an initial gap of £31m. To bridge this deficit, we agreed a savings and recovery programme of £19m and further mitigating actions totalling £3m, leaving a residual shortfall of £9m. The board agreed the budget on this basis, recognising a number of complex inter related factors, namely: improvements in performance; the likely negative impact on outcomes for people and performance more generally of any further savings initiatives; the ongoing uncertainty as we emerged from the Covid pandemic; and the underlying structural deficit. Our partners were supportive of this approach and committed to working with EIJB officers to identify options to bridge the financial gap as the year progressed.

Regular updates on the financial position were provided to the Performance and Delivery Committee as well as to the EIJB itself. Included in these regular updates were details of the financial impact of the pandemic and progress with the savings and recovery programme.

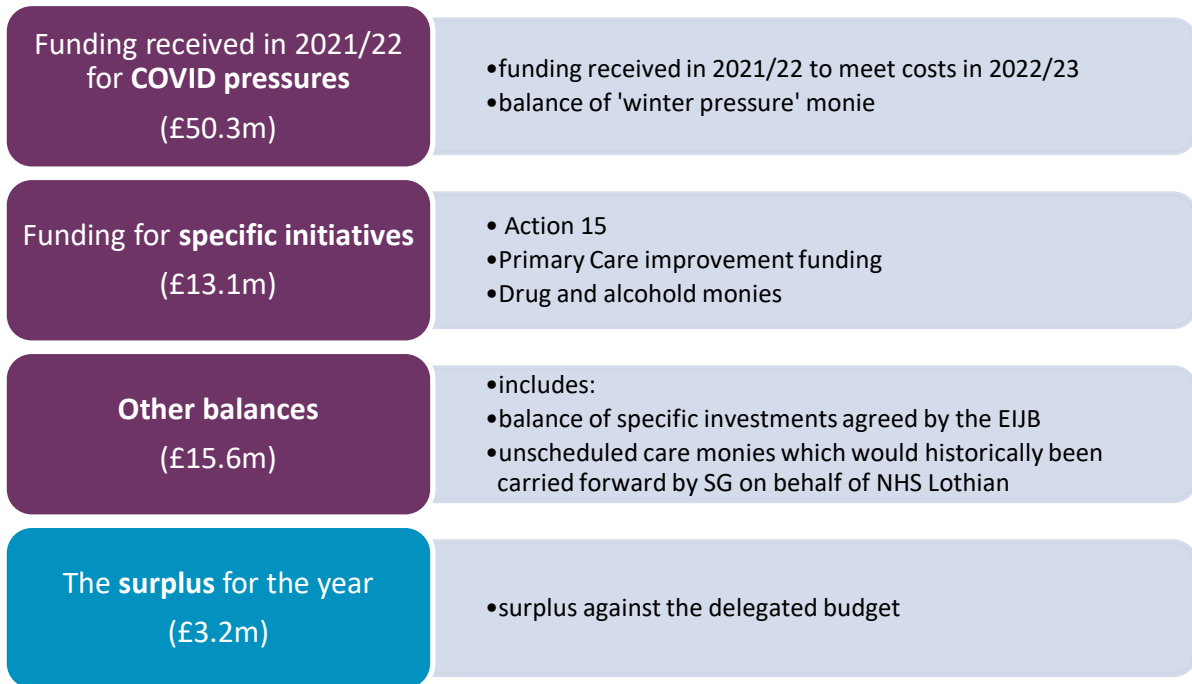
### Financial Performance

EIJB's financial performance for the year is presented in the comprehensive income and expenditure statement, which can be seen on page 29. The balance sheet (page 30) sets out the liabilities and assets at 31st March 2022.

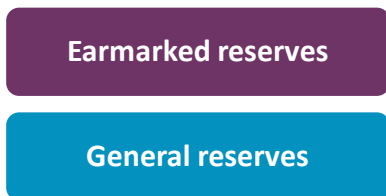
Financial performance is disclosed in the annual accounts on a different basis from that used to report the ongoing financial performance monthly to the board. The latter considers actual costs against budget and the former captures income and expenditure.

For the year, we are reporting a surplus of £57.7m in the annual accounts. Of this, £3.2m is the in year surplus against the budget with the balance reflecting funds received during the year to support the continuing impact of the pandemic. In recognition of the backlog of demand and increasing unmet need and frailty of service users significant disruption to services caused by the pandemic, funding was received towards the end of the financial year which will offset costs in future years.

All funding received during the year but not yet spent has been transferred to reserves, bringing our total reserves to £82.2m. The vast majority of these reserves is 'ring fenced' for specific purposes, with the balance of £3.2m being held in general reserve and the diagram below sets out the categorisation of these funds.



**Key**



For the third year in a row we have achieved financial balance without additional support from our partners at the City of Edinburgh Council and NHS Lothian. Overall, we incurred costs of £862m during the year, £42m of which were attributable to the pandemic which clearly had an impact on our finances. Of this, £31m was spent in services ran by the Council and £11m on those provided by NHS Lothian. Our costs were closely monitored during the year via the Local Mobilisation Plan (LMP) process established by the Scottish Government. This was the route by which returns were submitted, via NHS boards, setting out the additional costs of Covid across all health and social care services. In turn, funding was allocated based on these returns. Detailed in the table below are some of the initiatives and responses funded as a direct consequence of the pandemic:

	£k
Additional capacity	2,934
Hosted and set aside service costs	3,224
Loss of income	1,733
Net unmet savings	10,824
Other costs	1,832
Prescribing	2,008
Staffing and independent contractor costs	5,130
Sustainability payments	14,688
<b>Total net additional Covid costs</b>	<b>42,372</b>

Between funding carried forward from 2020/21 and additional monies provided by the Scottish Government we had a total pool of £87.3m to fund our covid related costs. Reflecting the fact that the financial impact of the pandemic and associated recovery will span across financial years, the Scottish Government has confirmed that any associated funding allocations which have not been fully used in 2021/22 should be carried forward to 2022/23. Accordingly we have transferred the balance (£44.9m) to an earmarked reserve.

As described above the comprehensive income and expenditure statement is recording a surplus of £57.7m. Comparing the actual costs for the year to the delegated budget gives a much lower surplus of £3.2m. The impact of the pandemic on expenditure levels has meant that the underlying variances to budget are more difficult to interpret than in previous years. Despite this it is clear that the financial pressures facing us have not materially changed, these include:

- **Externally purchased services** where demographic factors continue to drive demand for these services, this is also evidenced in the continuing growth in direct payments and individual service funds. As in previous years we have seen significant growth during 2021/22;
- **Medicines** prescribed by General Practitioners cost £80m in 2021/22. This is an area where, although Edinburgh has one of the lowest costs per head of population, we see costs rising year on year as volumes increase and costs fluctuate. Although normally presenting an in year pressure, a combination of financial plan and Covid funding largely mitigated this;
- Costs for **equipment** supplied from our community store which supports people to live independently at home also continue to rise in line with demand; and
- Expenditure in **set aside services** which continues to be one of the main financial issues facing NHS delegated services.

These pressures have been offset in year by high levels of **vacancies** across a number of services in both the City of Edinburgh Council and NHS Lothian. The challenges in recruiting and retaining staff were discussed earlier in this management commentary and, given the impact on service delivery, operational staff continue to prioritise recruitment.

Our in year surplus of £3.2m has been transferred to a general reserve. It is clearly extremely positive that, for the third year in a row, we have not had to rely on additional financial support from our partners. However, the continued reliance on one-off measures to achieve financial balance remains a concern. As a board we face a number of significant and long standing financial pressures and a baseline gap in our financial plan which we struggle to address on a recurring basis. Our Innovation and Sustainability Portfolio begins to set out what a path to financial sustainability could look like and this will continue to be developed in the coming financial year.

#### Financial Framework 2021-2024

We continue to face unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term condition; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand. These challenges are enduring and last year's Independent Review of Adult Social care recognises that adult social care support in Scotland requires greater investment.

In the case of Edinburgh this is evidenced by the structural deficit which the IJB inherited from partners (particularly for social care services). Since its inception the EIJB has routinely faced an underlying budget gap of between £10m and £18m which we are unable to bridge on a sustainable basis. In spite of these challenges overall financial performance has improved in recent years. However, this has been underpinned by material levels of non-recurring solutions with the factors outlined above directly impacting our ability to set a budget which is balanced on a recurring basis.

The EIJB has a total budget of circa £750m that comprises the annual financial settlements received from both NHS Lothian and the City of Edinburgh Council to fund delivery of the services delegated to it. Our current approach to financial planning focuses firstly on quantifying the in year shortfall between projected income and expenditure. Subsequently we identify, and then deliver, savings and recovery schemes to address the gap. Each year, developing savings proposals which will have limited impact on performance, quality and outcomes becomes more difficult. It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become unsustainable and would require significant service cuts which would lead, mostly likely, to a worsening experience for people and poorer performance.

To address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient 'salami slicing', there is an acknowledged requirement to evolve our thinking and approach. This premise underpins our Innovation and Sustainability Portfolio which will consider how the EIJB directs the totality of its resources in a manner which best serves the people of Edinburgh.

Innovation and Sustainability has a clear focus on delivering strategic change programmes and initiatives which focus on the achievement of this long-term sustainability for health and social care in Edinburgh. This includes financial sustainability and reimagining and redesigning services and systems to ensure we meet statutory and functional service requirements and ensure maximum efficiency (within the resources currently available to us), but it also involves work to ensure sustainability in relation to the future workforce and addressing care deficits.

## Risk

The Audit and Assurance Committee oversee the risk management arrangements; including receipt, review and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the board's attention.

We continue to develop our risk framework and risk register to manage, mitigate and identify risk. As a key part of our governance process, the risk register examines the risks that impact the EIJB's ability to deliver its strategic plan, and identifies, assesses risks, and also clearly associates their owners and controls to manage them. Twelve EIJB risks are captured under 3 headings: strategic planning and commissioning; issuing of directions; and management and role of the IJB. A summary extract of the register is included below:

ID	Risk type	Risk	Rating	Target Rating
<b>1.</b>	<b>Strategic Planning and Commissioning</b>			
1.1	Strategic	There is a risk that the Edinburgh Integration Joint Board (EIJB) is unable to deliver its strategic objectives.	Very high	Medium
1.2	Strategic	There is a risk that the EIJB is not able to influence decision-making over delegated services that are not managed by the Partnership.	High	Medium
1.3	Financial	There is a risk that the NHS Lothian and City of Edinburgh Council cannot deliver delegated services within available budgets.	High	High
<b>2.</b>	<b>Issuing of Directions</b>			
2.1	Strategic	There is a risk that NHS Lothian and City of Edinburgh Council do not deliver directions set by the EIJB.	High	Medium
<b>3.</b>	<b>Management and Role of the EIJB</b>			
3.1	Strategic	There is a risk that the EIJB is unable to operate effectively as a public body.	Medium	Low
3.2	People	There is a risk that the EIJB's workforce strategy is not delivered.	High	Medium
3.3	Strategic	There is a risk that the EIJB doesn't have an appropriate level of infrastructure delegated from NHS Lothian and the City of Edinburgh Council to operate effectively.	High	Medium
3.4	Regulatory	There is a risk that the EIJB has insufficient assurance from assurance providers to support effective delivery of scrutiny responsibilities.	Medium	Low
3.5	Regulatory	There is a risk that the EIJB does not comply with the necessary legislative and regulatory requirements.	Medium	Low

During 2021/22, we continued to enhance our risk management framework including our governance of risk reporting ensuring that we are identifying potential threats preventing us from achieving the EIJB's strategic objectives and directly relaying their impact to the EIJB and also in terms of outcomes for the people of Edinburgh. We continue to utilise 'risk profile cards' format for all our risks which:

- identifies the risk, states the objective (what the IJB is trying to achieve) and the source of that objective (key document or relevant legislation);



- names a risk owner who is responsible for actions;
- explains how the risk would happen and the potential outcomes;
- illustrates the historic and current risk score and how it relates on the risk assessment matrix;
- provides a recent update on risk management activities;
- identifies what we are currently doing to reduce the risk; and
- summarises the planned actions to reduce the risk score.

This systematic risk management approach has been endorsed by both the Audit and Assurance Committee and the board itself and will support the more dynamic nature of the new risk register style.

## Conclusion

Throughout the public sector finances are under more pressure than ever before and the impacts of the wider economy and ongoing impact of the pandemic bring further uncertainty. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual budget. Moving into 2023/24, we are working to proactively address the funding challenges presented while, at the same time, improving outcomes for the residents of Edinburgh.

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

**Judith Proctor**  
**Chief Officer**  
27<sup>th</sup> September 2022

**Tim Pogson**  
**Chair**  
27<sup>th</sup> September 2022

**Moira Pringle**  
**Chief Finance Officer**  
27<sup>th</sup> September 2022

## STATEMENT OF RESPONSIBILITIES

### STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT

#### Responsibilities of the Edinburgh Integration Joint Board

The Edinburgh Integration Joint Board is required:

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

I confirm that these Annual Accounts were approved for signature by the Edinburgh Integration Joint Board on xxxxxxxx.

**Tim Pogson**  
**Chair of the Edinburgh Integration Joint Board**  
27<sup>th</sup> September 2022

**Responsibilities of the Chief Finance Officer**

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

In preparing the financial statements I am responsible for:

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

I am also required to:

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

**Statement of Accounts**

I certify that the Statement of Accounts presents a true and fair view of the financial position of the Edinburgh Integration Joint Board at the reporting date, and its income and expenditure for the year ended 31 March 2022.

**Moira Pringle**  
**Chief Finance Officer**  
27<sup>th</sup> September 2022

## REMUNERATION REPORT

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

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

The voting members of the EIJB are appointed by the respective partner bodies (NHS Lothian and City of Edinburgh Council). The voting members from NHS Lothian and City of Edinburgh Council in the period April 2021 to March 2022 were:

S. Chandran ( <i>appointed 01/08/21</i> )	NHS	R. Aldridge	CEC
M. Hill ( <i>left 31/12/2021</i> )	NHS	P. Doggart	CEC
A. McCann (Vice Chair)	NHS	G. Gordon	CEC
N. McKenzie ( <i>appointed 07/04/21, left 30/07/21</i> )	NHS	R. Henderson (Chair)	CEC
P. Murray	NHS	M. Main	CEC
R. Williams	NHS		

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

A. McCann (Vice Chair)	NHS	T. Pogson (Chair) ( <i>appointed 26/05/22</i> )	CEC
E. Gordon ( <i>appointed 01/08/22</i> )	NHS	E. Davidson ( <i>appointed 26/05/22</i> )	CEC
G. Gordon ( <i>appointed 01/06/22</i> )	NHS	C. Miller ( <i>appointed 26/05/22</i> )	CEC
P. Knight ( <i>appointed 01/05/22</i> )	NHS	M. Mitchell ( <i>appointed 26/05/22</i> )	CEC
P. Murray	NHS	V. Nicolson ( <i>appointed 26/05/22</i> )	CEC

Councillor Henderson was in receipt of additional remuneration in 2021/22 in relation to his duties for the EIJB as Chair of £16,281 (£15,626 2020/21). NHS Non-Executive Director A. McCann was in receipt of additional remuneration in 2021/22 relating to his duties for the EIJB as Vice-Chair of £9,687 (£8,842 2020/21). No allowances were paid to other voting members during the year.

The remuneration and pension benefits received by all voting members in 2021/22 are disclosed in the remuneration reports of their respective employer. Voting members can, through their parent bodies, reclaim any expenses. In the year to 31 March 2022, no expense claims were made in relation to work on the EIJB.

**Remuneration Paid to Senior Officers**

	Year to 31/03/2022		Year to 31/03/2021
	Salary, fees and allowances (£)	Total remuneration (£)	Total remuneration (£)
J Proctor, EIJB Chief Officer	162,747	<b>162,747</b>	161,247
M Pringle, EIJB Chief Finance Officer	92,424	<b>92,424</b>	89,799

**Pension benefits**

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

**Local Government Pension Scheme**

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

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

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

The contribution rates for 2021/22 were as follows:

<u>Whole Time Pay</u>	<u>Contribution rate</u>
On earnings up to and including £22,300 (2020/21 £22,200)	5.50%
On earnings above £22,300 and up to £27,300 (2020/21 £22,200 to £27,100)	7.25%
On earnings above £27,300 and up to £37,400 (2020/21 £27,100 to £37,200)	8.50%
On earnings above £37,400 and up to £49,900 (2020/21 £37,200 to £49,600)	9.50%
On earnings above £49,900 (2020/21 £49,600)	12.00%

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

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

**NHS Pension Scheme (Scotland) 2015**

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

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

**Accrued Benefits**

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

The pension entitlements of senior officers and current voting members for the period to 31 March 2022 are shown in the table below, together with the employer contribution made to the employee's pension during the year. Where accrued pension benefits are not shown in the table below, this indicates the employee has been a member of the pension scheme for less than 2 years.

	Employer In-Year Contribution			Accrued Pension Benefits	
	For year to 31/03/22 £	For year to 31/03/21 £		As at 31/03/22 £000	Difference from 31/03/21 £000
J Proctor, EIJB Chief Officer	36,830	36,764	Pension	8	2
			Lump Sum	0	0
M Pringle, EIJB Chief Finance Officer	19,358	18,768	Pension	33	3
			Lump Sum	63	2
R Henderson, Chair	7,919	7,633	Pension	9	1
			Lump Sum	2	0

The Vice Chair is not a member of the Local Government Pension Scheme or the NHS Pension scheme; therefore, no pension benefits are disclosed.

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

**Judith Proctor**  
**Chief Officer**  
27<sup>th</sup> September 2022

**Tim Pogson**  
**Chair**  
27<sup>th</sup> September 2022

## ANNUAL GOVERNANCE STATEMENT

### Scope of Responsibility

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

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

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

2021/22 followed an unprecedented year for the EIJB, responding to the Covid-19 pandemic and the bearing that has had on service delivery, resources and impact on the citizens of Edinburgh. The EIJB had to manage the considerable impact of the pandemic with the cumulative strains and pressures on resources caused by the pandemic response extending into its second year.

### Governance Framework

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

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

During the year, our partners (the City of Edinburgh Council and NHS Lothian) reviewed the integration scheme, the legally binding agreement which sets out what the partners will do to enable the EIJB to meet its responsibilities.

### Board and Committee Structures

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

Following an independent review of governance by the Good Governance Institute (GGI), that concluded the EIJB needed to take action to strengthen its governance, the EIJB agreed to implement the recommendations of the GGI, including a major overhaul of its committees. This aimed to improve clarity on lines of accountability and reporting with a view to streamlining reporting arrangements. The committee model is as follows:

- **Audit and Assurance** – Monitors, reviews and reports to the Board on the suitability and efficacy of the Partnership's provision for governance, risk management and internal control.



- **Clinical and Care Governance** – Monitors, reviews and reports to the Board on the quality of care to the local population, specifically in relation to patient safety, clinical effectiveness and patient experience.
- **Futures** – Provides and evaluates the strategic focus of the EIJB over a ten-year period.
- **Performance and Delivery** – Provides advice and assurance to the Board on the effectiveness of the operational and financial performance of the delegated services.
- **Strategic Planning Group** – Monitors, reviews and reports to the Board on the strategy, plans and delivery of services delegated to the EIJB.

As part of its annual review, all committee terms of reference were reviewed by each of the committees in January/February 2022 and endorsed by the EIJB in 2022.

The Local Government elections held in May 2022 and the appointment of new members to the NHS Lothian Board had an impact on the voting membership of the EIJB. This in turn had a consequence for the governance arrangements, particularly in the June to August period with a number of EIJB committees cancelled pending membership being finalised.

### Internal Controls

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

The EIJB has agreed the following governance documentation:

- **Financial Regulations** – Section 95 of the Local Government (Scotland) Act 1973 requires all IJBs to have adequate systems and controls in place to ensure the proper administration of their financial affairs. The EIJB has agreed a set of financial regulations which are supported by a series of financial directives and instructions with clear lines of delegation to the Chief Finance Officer to carry out that function.
- **A Code of Conduct** for the members of the EIJB has been agreed and made available to all members. Compliance with the Code of Conduct is regulated by the Standards Commission for Scotland. Training is provided to members on the Code of Conduct. A new Code of Conduct was agreed following the changes to the Model Code in December 2021.
- A set of **Standing Orders** has been agreed which sets out the rules governing the conduct and proceedings at the EIJB and its committees. The Standing Orders include rules on the notice of meetings and how voting and debate should be conducted.

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

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

The Audit and Assurance Committee is responsible for oversight of the risk management arrangements and considers the risk register quarterly. This is in turn referred to the EIJB Board twice a year.

A communications and engagement strategy was agreed in June 2021 which aims to communicate the role of the EIJB, improve public access to the Board, increase stakeholder engagement and support the ongoing development of EIJB members through an induction and development programme.

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

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

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

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

In November 2019 the EIJB agreed a Business Classification Scheme and its Records Retention Rules. The EIJB records management plan was submitted and signed off by the Keeper of Records in October 2021.

In August 2019 a Directions Policy was agreed and an annual review was undertaken by Performance and Delivery Committee in April 2021 and endorsed by EIJB in June 2021. The directions tracker is reviewed on a regular basis at Performance and Delivery Committee

In August 2019, in line with the recommendations contained in the Ministerial Strategic Group's 'Review of Progress with Integration of Health and Social Care' the EIJB agreed a reserves policy. This policy aims to ensure that reserves are identified for a purpose and held against planned expenditure, with timescales or held as a general contingency in the event of an emergency. It is reviewed annually by the Performance and Delivery Committee on behalf of the board with the most recent review taking place in 2021.

In April 2021 the EIJB adopted a complaints handling procedure based on the model complaints handling procedure designed by the Scottish Public Services Ombudsman.

In April 2021 the EIJB agreed a protocol for responding to consultations with those with a significant impact being approved by the Board.

In line with the CIPFA guidance 'Code of practice on managing the risk of fraud and corruption' the EIJB acknowledges its responsibility for ensuring that the risks associated with fraud and corruption are managed effectively across all parts of the organisation. To support this we utilise the Council's fraud and corruption procedures.

### Review of Effectiveness

The EIJB has responsibility for reviewing the effectiveness of its governance arrangements, including its internal controls.

The impact of the pandemic extending into its second year has continued to have a significant impact on the EIJB and its services. The cumulative impact and strain on resources and the increased demand on services has meant significant pressures for the EIJB to manage. The impact on governance has reduced compared to 2020-21 but a report in October 2021 highlighted the pressures on the system and in particular social care. This resulted in the Audit and Assurance Committee escalating their risk rating regarding workforce to very high and included the Edinburgh Health and Social Care Partnership and the City of Edinburgh Council increasing their risk rating in regard to support for vulnerable people to 'critical'. These pressures and the need to prioritise operational management resulted in a suspension of committee meetings and the pausing of some work including some audit work and performance management over the winter of 21/22. The increased pressures also required the Health and Social Care Partnership Incident Management Team to return to daily

meetings to manage the crisis. Despite this pause, the EIJB's governance has managed to operate successfully throughout the pandemic and its urgency provisions and operational management provisions covered the gap caused by the prioritisation of services dealing with the concurrent pressures of Covid and the annual impact of winter.

This review of effectiveness is informed by:

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

The evidence of effectiveness from these sources includes:

- The EIJB in June 2021 approved a governance handbook. This was developed by Board members and supported by the Good Governance Institute. It is intended to be a live document that lays out the fundamentals of good governance for the EIJB. The handbook covers a wide range of sections and provides clarity on the role of the EIJB and the role of members. It also sets out the key principles of good governance and for example what good scrutiny looks like. This is an important document that shows that the EIJB is committed to good governance and sees the value in a robust and clear framework.
- The review of the EIJB's governance arrangements to address weaknesses in scrutiny of performance and clarify the relationship between committees.
- An EIJB induction in place for all new voting and non-voting members.
- Standing Orders that are reviewed annually in a report to the EIJB, to ensure they are up to date and relevant.
- A performance report that is considered monthly by Health and Social Care Partnership management. Performance on local indicators that is reported regularly to the Board and its committees and an annual performance report that is also considered by the Board.
- The Annual Performance Report that was presented to the EIJB in October 2021 as per legislative requirements, though the scope of this report was affected by the pandemic and there was an increased focus on how services were delivered through Covid.
- Regular financial monitoring reports that are presented to the EIJB and Council and NHS committees. Monitoring arrangements have been effective in identifying variances and control issues and taking appropriate action. This has included allocating funds to offset unachieved savings plans.

- The EIJB in March 2021 agreed a budget with a deficit of £9.3m. This recognised that further savings had the potential to negatively impact on services, service users and staff. The EIJB agreed that officers would work collaboratively to identify the means to address the gap. The Chief Finance Officer gave assurance that there would be a break-even position for 21/22. This suggests that this approach has been successful and there is considerable merit in trying to avoid “salami slicing” and adopting a longer-term strategic approach to savings. However, there is considerable risk in adopting unbalanced budgets from the outset and the success in year 21/22 of this approach does not automatically lead to assurance that this will be repeated.
- The Accounts Commission’s Best Value Assurance Report into the City of Edinburgh Council in November 2020 concluded that the EIJB, although making considerable progress on short term financial planning, had yet to develop a medium or long-term financial plan.
- In August 2021 the EIJB agreed a revised set of Financial Regulations that were more tailored to the requirements of the EIJB.
- The EIJB annually reviews its Direction Policy through its Performance and Delivery Committee. This review examines the directions agreed in the previous year and determines whether to retain, vary or close them. This allows a close monitoring of directions which are the primary method through which the EIJB instructs the City of Edinburgh Council and NHS Lothian to carry out the delegated functions.
- A quarterly Internal Audit update detailing Internal Audit activity on behalf of the EIJB is submitted to the Audit and Assurance Committee.
- The EIJB Internal Audit Charter that was approved by the EIJB Audit and Assurance Committee in June 2021 states that Internal Audit will remain free from interference from anyone within the EIJB in relation to audit selection, scope, procedures, frequency, timing, and report content. The charter is based on Public Sector Internal Audit Standards and details the responsibilities of both management and internal audit to support delivery of EIJB audit assurance.
- Internal Audit (IA) considers that some improvement is required to the EIJB control environment and governance and risk management frameworks and reported an ‘amber’ rated opinion, with the assessment towards the lower end of this category, moving towards the green (effective) category. This opinion reflects an improvement on the 2020/21 IA annual opinion outcome, which was also amber, with the assessment towards the top, moving towards the red (significant improvement required) category.
- The EIJB developed a new tool in September 2020 and continues to be developed to simplify the risk management process, with risk profile cards now completed for all risks in March 2022. The aim was to better understand how the EIJB is exposed to those risks and the controls necessary to mitigate them. This new approach results in a more detailed and comprehensive risk register, and it is expected that this will support a more dynamic approach.
- The EIJB agreed in December 2021 to create a permanent programme and project management capability which will help ensure an experienced resource is available to manage the governance of major projects within the EIJB. This is building on the establishment of a temporary team that had been put in place.

- The Chief Officer and Executive Management Team continue to drive improvement in the number of internal management actions overdue by allocating additional resource to co-ordinate the implementation of EIJB management actions and this is delivering improvement with a significant number of management actions closed over 2021/22. The Chief Internal Auditor observed an improving trend but it was recognised that work was necessary to continue and sustain this improvement. Concern had been raised by the Audit and Assurance Committee over the number of historic actions, however, management had provided up to date positions on the risks and revised completion dates. Scrutiny is carried out at the Audit and Assurance Committee on internal audit actions.
- The transformation programme launched in February 2020 and was established with a comprehensive governance structure which included four programme boards feeding into an overall portfolio board. The development and delivery of the programme was significantly impacted by the pandemic with many of the programme boards suspended before they met. Work did continue on some aspects of the project and a lessons learnt exercise was launched in April 2020 which informed a review of the programme. The transformation programme has delivered significant change but was not designed to meet all the financial challenges in the medium term. In March 2022, a new programme called the Innovation and Sustainability Programme was approved which seeks to develop an approach to evolve how to work with the staff and the people of Edinburgh to shape and reimagine the delivery of services. The programme aims to redesign systems to facilitate earlier interventions at lower costs and sustained outcomes supporting health and wellbeing. The first of the pipeline of proposals for this programme is to be considered by the end of quarter two in 2022.
- External Audit had previously highlighted that there was a risk that the lack of professional, administrative and technical support provided by the Council and NHS Lothian may lead to failures in governance, scrutiny and performance. It is still recommended that the level of support is formalised in the Integration Scheme.
- The Best Value Assurance Report concluded that the EIJB was addressing governance issues in line with the review carried out by the Good Governance Institute.
- In December 2020 the EIJB agreed an approach for an overarching Board assurance framework. The EIJB agreed that each of its committees should review their effectiveness, with the Audit and Assurance Committee having oversight of the process. Each committee would produce an annual report which would include feedback from committee members. This approach produces a robust foundation to enable self-improvement and ensure a more efficient and effective committee structure beneath the EIJB. The process for the 2021/22 board assurance framework was changed to reflect the learning from the 2020/21 process and this was endorsed by the Audit and Assurance Committee and EIJB in March 2022. It was agreed in March 2022 to allow the revised framework to run for one more assurance cycle and then for Internal Audit to review its effectiveness.

**Last Year's Actions**

	Issue	Responsible Party	Progress
1	Workforce Strategy	Chief Officer	Completed
2	Review of Integration Scheme	Chief Officer	Completed
3	Creation of Governance Handbook to support the EIJB and its members	Chief Officer	Completed
4	Principles to govern the relationship between the Council, NHS Lothian and IJB respective audit committees	Chief Internal Auditor	Completed

**Further Improvement – Action Plan**

	Issue	Responsible Party	Reporting date
1	Innovation and Sustainability Programme – first set of proposals	Chief Officer	September 2022
2	Review of Board Assurance Framework	Chief Officer	December 2022
3	Agreement of risk management strategy	Chief Finance Officer	December 2022
4	Annual review of regulatory and legislative requirements	Chief Finance Officer	December 2022
5	Continue to address EIJB management actions	Chief Officer	March 2023

## Certification

As evidenced above the EIJB has made considerable progress in improving its governance structures, creating a comprehensive committee structure, reviewing its consultation, communications and risk arrangements and creating a more robust assurance framework. Many of the weaknesses identified in the EIJB's governance have been addressed. The Covid-19 pandemic has put considerable pressure on the organisation and the services it is responsible for, but its governance has helped it deliver and keep services running successfully. The EIJB is committed to good governance and the Chief Officer, and the Board continue to drive self-reflection and improvement in how the EIJB operates and delivers services. The EIJB continues to face considerable financial challenges and annually struggles to deliver a balanced budget with an unbalanced budget being set for two years in a row. Work is ongoing to address this, but the challenges are set to remain and long-term financial sustainability will remain ambitious.

**Judith Proctor**  
**Chief Officer**  
27<sup>th</sup> September 2022

**Tim Pogson**  
**Chair**  
27<sup>th</sup> September 2022

**COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT**

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

**COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT  
FOR THE YEAR ENDED 31 MARCH 2022**

<b>2020/21</b>			<b>2021/22</b>		
<b>Net Expenditure £000</b>		<b>Note</b>	<b>Gross expenditure £000</b>	<b>Gross income £000</b>	<b>Net Expenditure £000</b>
	<b>Health Services</b>	8			
327,922	Core services		322,801	0	322,801
106,129	Hosted services		107,622	0	107,622
62,856	Non-cash limited		64,942	0	64,942
100,754	Set aside services		109,506	0	109,506
597,661			604,871	0	604,871
	<b>Social Care Services</b>	8			
164,867	External purchasing		188,684	0	188,684
28,498	Care at home		29,866	0	29,866
14,161	Day services		14,693	0	14,693
19,801	Residential care		20,593	0	20,593
14,662	Social work assessment and care management		15,140	0	15,140
438	Corporate services		423	0	423
9,571	Other		7,094	0	7,094
251,998			276,493	0	276,493
395	Corporate services	3	403	0	403
<b>850,054</b>	<b>Cost of services</b>		<b>881,767</b>	<b>0</b>	<b>881,767</b>
<b>(872,298)</b>	<b>Taxation and non-specific grant income and expenditure</b>	2	<b>0</b>	<b>(938,516)</b>	<b>(938,516)</b>
<b>(22,244)</b>	<b>(Surplus)/Deficit on provision of services</b>		<b>881,767</b>	<b>(938,516)</b>	<b>(56,749)</b>



## BALANCE SHEET

*The Balance Sheet shows the value, as at 31 March 2022, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.*

<b>BALANCE SHEET AS AT 31 MARCH 2022</b>			
<b>31/03/2021</b>		<b>Notes</b>	<b>31/03/2022</b>
<b>£000</b>			<b>£000</b>
	<b>Current assets</b>		
25,440	Short term debtors	4	82,201
	<b>Current liabilities</b>		
-30	Short term creditors	5	-42
<b>25,410</b>	<b>Net assets</b>		<b>82,159</b>
-25,410	Usable reserves	MIRS	-82,159
<b>-25,410</b>	<b>Total reserves</b>		<b>-82,159</b>

The unaudited annual accounts were authorised for issue by the Chief Finance Officer on 24<sup>th</sup> June 2022.

**Moira Pringle**  
**Chief Finance Officer**  
 27<sup>th</sup> September 2022

## MOVEMENT IN RESERVES STATEMENT

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

	Notes	31/03/2022 £000	31/03/2021 £000
<b>Usable reserves – General Fund brought forward</b>		-25,410	-3,166
Deficit/(surplus) on the provision of services		-56,749	-22,244
<b>Total comprehensive income and expenditure</b>		<b>-56,749</b>	<b>-22,244</b>
<b>Balance, as at 31 March, carried forward</b>	9	<b>-82,159</b>	<b>-25,410</b>

## NOTES TO ACCOUNTS

### 1. ACCOUNTING POLICIES

#### 1.1 General Principles

The Annual Accounts for the year ended 31 March 2022 have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the Code) and the Service Reporting Code of Practice. This is to ensure that the accounts 'present a true and fair view' of the financial position and transactions of the Edinburgh Integration Joint Board (EIJB).

#### 1.2 Accruals of Income and Expenditure

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

#### 1.3 VAT Status

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

#### 1.4 Going Concern

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

#### 1.5 Funding

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

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

#### 1.6 Provisions, Contingent Liabilities and Assets

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

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

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

#### 1.7 Employee Benefits

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

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

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

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

### **1.8 Cash and Cash Equivalents**

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

### **1.9 Reserves**

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

The EIJB has one usable reserve, the General Fund which can be used to mitigate financial consequences of risks and other events impacting on the Boards resources.

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

### **1.10 Support Services**

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

### **1.11 Assumptions made about the future and other major sources of estimation uncertainty**

The cost of services provided by NHS Lothian is based on the NHS Lothian Director of Finance's assessment of the split of costs between the four Integration Authorities in the NHS Lothian area. This assessment is underpinned by a financial model which is reviewed at least annually and supported by the four Chief Finance Officers. As such this is an area of key judgement and estimation uncertainty within these annual accounts.

## 2. RELATED PARTY TRANSACTIONS

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

	<b>31/03/2022</b>	<b>31/03/2021</b>
	<b>£000</b>	<b>£000</b> <i>(restated)</i>
NHS Lothian	-677,166	-644,538
City of Edinburgh Council	-260,926	-227,322
<b>Total</b>	<b>-938,092</b>	<b>-871,860</b>

Expenditure relating to the two parties was as follows;

	<b>31/03/2022</b>	<b>31/03/2021</b>
	<b>£000</b>	<b>£000</b>
NHS Lothian	605,052	597,839
City of Edinburgh Council	276,258	251,744
<b>Total</b>	<b>881,310</b>	<b>849,583</b>

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

The related parties disclosure has been amended due to revision of prior year debtors note.

## 3. CORPORATE EXPENDITURE

	<b>31/03/2022</b>	<b>31/03/2021</b>
	<b>£000</b>	<b>£000</b>
Staff costs	370	362
Other fees	3	3
Audit fees	30	30
<b>Total</b>	<b>403</b>	<b>395</b>

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

EIJB is in receipt of support services from NHS Lothian and City of Edinburgh Council, both organisations have agreed to provide support services, without an onward recovery. Support services to a value of £0.725m (£0.727m 2020/21) have been provided.

#### 4. SHORT TERM DEBTORS

	<b>31/03/2022</b>	<b>31/03/2021</b>
	<b>£000</b>	<b>£000</b>
		<i>(restated)</i>
NHS Lothian	70,823	22,704
City of Edinburgh Council	11,378	2,736
<b>Total</b>	<b>82,201</b>	<b>25,440</b>

Classification of prior year debtor has been amended to more accurately reflect the position

#### 5. SHORT TERM CREDITORS

	<b>31/03/2022</b>	<b>31/03/2021</b>
	<b>£000</b>	<b>£000</b>
Other bodies	-42	-30
<b>Total</b>	<b>-42</b>	<b>-30</b>

#### 6. POST BALANCE SHEET EVENTS

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

#### 7. CONTINGENT LIABILITIES and ASSETS

There are no contingent liabilities or assets to disclose.

## 8. SEGMENTAL REPORTING

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

	<b>2021/22 Actual Expenditure £000</b>	<b>2020/21 Actual Expenditure £000</b>
<b>SERVICES PROVIDED BY NHS Lothian</b>		
<b>Core services</b>		
Community hospitals	12,489	12,699
District nursing	12,154	11,750
General medical services	94,619	90,106
Prescribing	80,885	79,071
Primary care management	82,310	90,571
Primary care services	11,859	12,385
Other core services	28,485	31,340
<b>Total core services</b>	<b>322,801</b>	<b>327,922</b>
<b>Hosted services</b>		
Mental health, substance misuse and learning disabilities	48,474	46,710
Other hosted services	59,148	59,419
<b>Total hosted services</b>	<b>107,622</b>	<b>106,129</b>
<b>Non- Cash Limited</b>		
Dental	33,374	32,412
Ophthalmology	9,932	9,720
Pharmacy	21,636	20,724
<b>Total Non-Cash Limited</b>	<b>64,942</b>	<b>62,856</b>
<b>Set aside services</b>		
General medicine	28,818	26,103
Geriatric medicine	17,935	16,234
Junior medical	0	3,460
ED and minor injuries	10,751	0
Other set aside services	52,002	54,957
<b>Total set aside services</b>	<b>109,506</b>	<b>100,754</b>
<b>TOTAL SERVICES PROVIDED BY NHS Lothian</b>	<b>604,871</b>	<b>597,661</b>
<b>SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL</b>		
External purchasing	188,684	164,867
Care at home	29,866	28,498
Day services	14,693	14,161
Residential care	20,593	19,801
Social work assessment & care management	15,140	14,662
Other services provided by City of Edinburgh Council	7,517	10,009
<b>TOTAL SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL</b>	<b>276,493</b>	<b>251,998</b>
Corporate expenditure	403	395
<b>TOTAL ALL SERVICES</b>	<b>881,767</b>	<b>850,054</b>

## 9. MOVEMENT IN RESERVES

	01/04/2022 £000	Movement £000	31/03/2022 £000
<i>Earmarked reserves</i>			
Covid and winter	11,634	38,698	50,332
Funding for specific initiatives	4,900	8,129	13,029
Other balances	7,851	7,796	15,647
<b>Sub total</b>	<b>24,385</b>	<b>54,623</b>	<b>79,008</b>
<i>General reserves</i>			
Surplus for the year	1,025	2,126	3,151
<b>Total</b>	<b>25,410</b>	<b>56,749</b>	<b>82,159</b>

## 10. FUNDING ANALYSIS

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



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

### **Reporting on the audit of the financial statements**

#### **Opinion on financial statements**

We certify that we have audited the financial statements in the annual accounts of Edinburgh Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the Edinburgh Integration Joint Board as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

#### **Basis for opinion**

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

#### **Conclusions relating to going concern basis of accounting**

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Edinburgh

Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Edinburgh Integration Joint Board's current or future financial sustainability. However, we report on the Edinburgh Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

### **Risks of material misstatement**

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

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

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

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

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

### **Auditor's responsibilities for the audit of the financial statements**

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the Edinburgh Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of the Edinburgh Integration Joint Board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Edinburgh Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

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

### Reporting on other requirements

#### **Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report**

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

#### **Other information**

The Chief Financial Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

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

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

#### **Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement**

In our opinion, based on the work undertaken in the course of the audit:

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

### **Matters on which we are required to report by exception**

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

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

We have nothing to report in respect of these matters.

### **Conclusions on wider scope responsibilities**

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

### **Use of our report**

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

[Signature]

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



# Edinburgh Integration Joint Board

2021/22 Annual Audit Report to the Members  
of Edinburgh Integration Joint Board and the  
Controller of Audit

September 2022



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# Key messages



This report concludes our audit of the Edinburgh Integration Joint Board (“the IJB”) for 2021/22.

This section summarises the key findings and conclusions from our audit.

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## Financial statements audit

<p><b>Audit opinion</b></p>	<p>Our draft independent auditor’s report is unqualified and there are no matters which we are required to report by exception.</p> <p>Our audit opinion is subject to the completion of the following areas of outstanding audit work;</p> <ul style="list-style-type: none"> <li>• Sample testing of expenditure incurred by City of Edinburgh Council</li> <li>• Final checks and review, including for accuracy and consistency</li> <li>• Consideration of events subsequent to the balance sheet date</li> </ul>
<p><b>Key findings on audit risks and other matters</b></p>	<p>We have obtained adequate evidence in relation to the key audit risks identified in our audit plan.</p> <p>We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the financial statements.</p> <p>The accounting policies used to prepare the financial statements are in line with the Code of Practice on Local Government Accounting and are considered appropriate.</p> <p>All material disclosures required by relevant legislation and applicable accounting standards have been made appropriately.</p> <p>The IJB had appropriate administrative processes in place to prepare the annual accounts and the required supporting working papers.</p>
<p><b>Audit adjustments</b></p>	<p>Adjustments made to the financial statements are noted at Appendix 2. The overall impact on the financial statements was nil.</p> <p>We identified some disclosure and presentational adjustments during our audit. These have been reflected in the final set of financial statements.</p>
<p><b>Accounting systems and internal controls</b></p>	<p>We have applied a risk-based methodology to the audit. This approach requires us to document, evaluate and assess the IJB’s processes and internal controls relating to the financial reporting process.</p> <p>Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we have included these in this report. No material weaknesses or significant deficiencies were noted.</p>



## Wider scope audit

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### Auditor judgement



#### Financial Sustainability

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The IJB continues to face significant financial pressures, both immediately and over the medium to longer term, with latest projections suggesting a funding gap of £70.0 million by 2025/26. Recognising the need for a more strategic approach to financial planning, management has established the Innovation and Sustainability Portfolio, with a clear focus of delivering strategic change programmes and initiatives that look to achieve long-term financial and operational sustainability. High level financial projections have been updated but work remains ongoing to develop a medium term financial strategy and Edinburgh is now one of three integration authorities that have not yet developed a strategy.

The IJB's medium term workforce strategy 'Working Together' was approved by the Board in February 2022, accompanied by short term action plans and details of the governance arrangements. The IJB recognises the need to attract, recruit and retain staff to build the next generation of its workforce and explore the ways in which it can achieve this through the strategy.

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## Auditor judgement



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Whilst the IJB started 2021/22 with an unbalanced budget, it reported an accounting surplus of £57 million at 31 March 2022. This has arisen from funding received in 2021/22 to be spent in future years, with the full surplus being committed or ring fenced for specific purposes. This level of additional funding was not anticipated and is £33.8 million in excess of the amount requested through the Local Mobilisation Plans.



### Financial Management

The IJB has recognised that the reserves position as at 31 March 2022 is significant at £82.2 million, with the majority of funding in reserves being ring fenced for specific purposes. Of this balance, £44.9 million is earmarked to address costs arising from the COVID-19 pandemic. The IJB are actively in discussion with partners and the Scottish Government to determine the extent of flexibility in the application of these monies going forward.

The Board approved the 2022/23 financial plan in March 2021 and a savings and recovery programme of £5.74million. Further actions (totalling £12.8million) have been identified to mitigate the position, reducing the budget gap to £10.8 million. The IJB and partners have agreed that the remaining budget gap is at a level where it is feasible to identify mitigating actions as the year progresses.

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## Auditor judgement



### Governance & Transparency

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The Board and Committees have continued to meet virtually throughout 2021/22. Meetings were suspended in December 2021/January 2022 in response to significant pressures in the social care system, and in June/July 2022 following the Local Government elections. There have been significant changes in Board and Committee membership following turnover within the NHS Lothian Board and the Local Government elections.

Further work is required to commission an independent assessment of the leadership and managerial capacity. Given the level of significant change the IJB has committed to over the next three years, this work should be completed as an area of priority in 2022/23.

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## Auditor judgement



### Value for Money

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Further work is required to develop a robust performance management framework that is aligned to the new Strategic Plan. The IJB has committed to producing drafts of both documents by October 2022, having paused their development between December 2021 and May 2022 to focus on addressing system pressures.

Performance continues to be mixed, with the IJB performing worse than the national average in nine of the 19 indicators. The IJB continues to perform poorly against a number of key indicators and is the lowest ranked integrated authority for delayed discharges. Areas of underperformance have been recognised and reflected on by the Innovation and Sustainability Portfolio.

The pandemic, EU withdrawal and Edinburgh's growing population have exacerbated the significant pressures faced by the IJB. The focus has now shifted from reacting to the pandemic to support sustainability over the medium to long-term. The transformation programme has transitioned to the Innovation and Sustainability Portfolio and work is ongoing to identify, scope and deliver the next phase of major change and innovation in how the IJB commissions services.

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### Definition

Our wider scope audit involves consideration of the IJB's arrangements as they relate to financial sustainability, financial management, governance and transparency, and value for money. We have used the following grading to provide an overall assessment of the arrangements in place in each of the four dimensions.



# Introduction

A solid green horizontal bar spanning the width of the page, positioned below the 'Introduction' heading.

We carried out our audit in accordance with Audit Scotland's Code of Audit Practice and maintained auditor independence

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## Scope

1. We outlined the scope of our audit in our External Audit Plan, which we presented to the Audit and Assurance Committee at the outset of our audit. The core elements of our work include:
  - an audit of the 2021/22 annual accounts and related matters;
  - consideration of the wider dimensions of public audit work, as set out in Exhibit 1; and
  - any other work requested by Audit Scotland.

### Exhibit 1: Audit dimensions within the Code of Audit Practice



## Responsibilities

2. The IJB is responsible for preparing a set of annual accounts which show a true and fair view and for implementing appropriate internal control systems. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work and may not be all that exist. Communication in this report of matters arising from the audit or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.
3. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.
4. We would like to thank all members of the IJB's management and staff from the Partnership, City of Edinburgh Council and NHS Lothian for their co-operation and assistance during our 2021/22 audit and throughout our six year appointment.

## Auditor independence

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

## Openness and transparency

10. This report will be published on Audit Scotland's website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk).

## Adding value through the audit

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

## Feedback

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

# Financial statements audit

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

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## Overall conclusion

11. The annual accounts for the year ended 31 March 2022 are due to be considered by the Audit and Assurance Committee on 20 September 2022. Our independent auditor's report is unqualified.

## Our audit opinion

Opinion	Basis for opinion	Conclusions
Financial statements	<p>We conduct our audit in accordance with applicable law and International Standards on Auditing.</p> <p>Our findings / conclusions to inform our opinion are set out in this section of our annual report.</p>	<p>We intend to issue an unqualified audit opinion on the 2021/22 financial statements.</p>
Going concern basis of accounting	<p>In the public sector when assessing whether the going concern basis of accounting is appropriate, the anticipated provision of the services is more relevant to the assessment than the continued existence of a particular public body.</p> <p>We assess whether there are plans to discontinue or privatise the IJB's functions.</p> <p>Our wider scope audit work considers the financial sustainability of the IJB.</p>	<p>We reviewed the financial forecasts for 2022/23. Our understanding of the legislative framework and activities undertaken provided us with sufficient assurance that the IJB will continue to operate for at least 12 months from the signing date.</p> <p>Our audit opinion is unqualified in this respect.</p>

<p>Matters prescribed by the Accounts Commission</p>	<p>We read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit.</p>	<p>The annual report contains no material misstatements or inconsistencies with the financial statements.</p>
<ul style="list-style-type: none"> <li>• Management Commentary</li> <li>• Annual Governance Statement</li> <li>• Remuneration Report</li> </ul>	<p>We plan and perform audit procedures to gain assurance that the statutory other information has been prepared in accordance with relevant legislation and regulations.</p>	<p>We have concluded that:</p> <ul style="list-style-type: none"> <li>• The management commentary is consistent with the financial statements and has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003.</li> <li>• The information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the Delivering Good Governance framework.</li> <li>• The audited part of the Remuneration Report has been properly prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014.</li> </ul>
<p>Matters reported by exception</p>	<p>We are required to report on whether:</p> <ul style="list-style-type: none"> <li>• adequate accounting records have not been kept; or</li> <li>• the financial statements and the audited part of the Remuneration and Staff Report are not in agreement with the accounting records; or</li> <li>• we have not received all the information and explanations we require for our audit.</li> </ul>	<p>We have no matters to report.</p>

## An overview of the scope of our audit

12. The scope of our audit was detailed in our External Audit Plan, which was presented to the Audit and Assurance Committee in February 2022. The plan explained that we follow a risk-based approach to audit planning that reflects our overall assessment of the relevant risks that apply to the IJB. This ensures that our audit focuses on the areas of highest risk. Planning is a continuous process and our audit plan is subject to review during the course of the audit to take account of developments that arise.
13. At the planning stage we identified the significant risks that had the greatest effect on our audit. Audit procedures were then designed to mitigate these risks.
14. In our audit, we test and examine information using sampling and other audit techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain evidence through performing a review of the significant accounting systems, substantive procedures and detailed analytical procedures.

## Significant risk areas

15. Significant risks are defined by professional standards as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, we consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.
16. The significant risk areas described in the table below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the audit team. Our audit procedures relating to these matters were designed in the context of our audit of the annual accounts as a whole, and not to express an opinion on individual accounts or disclosures. Our opinion on the annual accounts is not modified with respect to any of the risks described below.

## Significant risk areas

### 1. Management override

#### Significant risk description

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

#### How the scope of our audit responded to the significant risk

##### Key judgement

There is the potential for management to use their judgement to influence the financial statements as well as the potential to override the IJB's controls for specific transactions.

##### Audit procedures

- Review of the IJB's accounting records and audit testing on transactions.
- Review of judgements and assumptions made in determining accounting estimates as set out in the financial statements to determine whether they are indicative of potential bias. This included a retrospective review of the prior year estimates against the current year estimates.

#### Key observations

We have not identified any indication of management override in the year. We did not identify any areas of bias in key judgements made by management and judgements were consistent with prior years.

## 2. Revenue recognition

### Significant risk description

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

### How the scope of our audit responded to the significant risk

#### Key judgements

Given the financial pressures facing the public sector, there is an inherent fraud risk associated with the recording of income around the year end. However, we do not deem this risk to be present for contributions received from the IJB's funding partners due to a lack of incentive and opportunity to manipulate transactions.

#### Audit procedures

- As the IJB does not undertake any income generating activity and funding from partners is its only source of income, no further audit procedures were deemed necessary.

### Key observations

We revisited our conclusion to rebut the risk of revenue recognition throughout the audit and our conclusion did not change.

### 3. Expenditure recognition

#### Significant risk description

As most public sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. There is a risk that expenditure may be misstated resulting in a material misstatement in the financial statements.

#### How the scope of our audit responded to the significant risk

##### Key judgements

Given the financial pressures facing the public sector as a whole, there is an inherent fraud of risk associated with the recording of accruals around the year end.

##### Audit procedures

- Evaluate the significant expenditure streams and review the controls in place over accounting for expenditure.
- Consideration of the IJB's key areas of expenditure and obtain evidence that expenditure is recorded in line with appropriate accounting policies and the policies have been applied consistently across the year.

#### Key observations

Testing remains ongoing in this area and we are yet to conclude on our work.

#### 4. Charges for services provided by NHS Lothian (significant accounting estimate)

##### Significant risk description

NHS Lothian is partnered with four integration authorities and is responsible for delivering integration functions across the entire Lothian region. Some services are delivered specifically for one integration authority (disclosed as core services) and the charge for delivering this service can be easily determined. Some services however are delivered on a pan-Lothian basis, utilised by one or more integration authority, in which case the charge for delivering these services is allocated across the relevant integration authorities based on demographics and population data.

We therefore deem the charge recognised by the IJB for services provided by NHS Lothian to be a significant accounting estimate and this represents an increased risk of misstatement in the financial statements.

##### How the scope of our audit responded to the significant risk

##### Key judgements

NHS Lothian developed a model, in agreement with partners, to determine how costs related to integration services were allocated between the four integration authorities. The proportion allocated to Edinburgh IJB represents 100% of costs related to core services and a percentage of hosted and set aside services based on demographics and population data.

##### Audit procedures

- Consider the basis for costs allocated to the IJB and ensure this is reasonable.
- Obtain assurances from the audit of NHS Lothian that the information provided to the IJB is arithmetically correct, consistent with underlying data and free from material misstatement.

##### Key observations

We deem the basis for cost allocation to be reasonable given the nature of data available to NHS Lothian. We obtained assurances that the information used to prepare the IJB's annual accounts is arithmetically correct and was consistent with underlying data.

A manual adjustment to the transactions with NHS Lothian was included in the IJB unaudited accounts. The IJB clarified the treatment with NHS Lothian and determined this was not required. We have noted this as an audit adjustment (Appendix 2).

We are satisfied that the amounts recognised in the audited annual accounts in respect to NHS Lothian are appropriate.

## Other risk factors

### Other impacts of COVID-19 on the annual accounts

17. COVID-19 continues to present unprecedented challenges to the operation, financial management and

governance of organisations, including public sector bodies. In response to the pandemic we identified potential areas of increased risk of material misstatement to the financial statements and/or our audit opinion. Our conclusions are set out in the table below.

Area considered	Description	Conclusion
Access to audit evidence	Our audit this year has been carried out remotely. As a consequence, we identified a risk that access to and provision of sufficient, appropriate audit evidence in support of our audit opinion may be impacted by the inherent nature of carrying out our audit remotely.	<p>We have employed a greater use of technology to examine evidence, but only where we have assessed both the sufficiency and appropriateness of the audit evidence produced.</p> <p>We stayed in close contact with IJB colleagues right up until the point of accounts signing, to ensure all relevant issues were satisfactorily addressed.</p>

## Estimates and judgements

18. We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the financial statements.
19. As part of the planning and fieldwork stages of the audit we identified all accounting estimates made by management and determined which of those were key to the overall financial statements. Consideration was given to income, expenditure, accruals and provisions for legal obligations. Other

than charges for services provided by NHS Lothian, we have not determined the other accounting estimates to be significant. We revisited our assessment during the completion stages of our audit and concluded that our assessment remained appropriate.

20. Our audit work consisted of reviewing these key areas for any indication of bias and assessing whether the judgements used by management are reasonable. We have summarised our assessment of this below, categorised between Prudent, Balanced and Optimistic.



## Estimates and judgements

### Charges for services provided by NHS Lothian

Balanced

We reviewed the reasonableness of the assumptions used in the calculation of the IJB's liability for services provided by NHS Lothian and deemed this to be reasonable. Management have identified this as a key area of estimation and judgement within the IJB's accounting policies.

## Materiality

21. Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. A matter is material if its omission or misstatement would reasonably influence the decisions of an addressee of the auditor's report. The assessment of what is material is a matter of professional judgement and is affected by our assessment of the risk profile of the organisation and the needs of users. We review our assessment of materiality throughout the audit.
22. Whilst our audit procedures are designed to identify misstatements which are material to our audit opinion, we also report to the IJB and management any uncorrected misstatements of lower value errors to the extent that our audit identifies these.
23. Our initial assessments of materiality for the IJB's financial statement was £11.250million. On receipt of the unaudited annual accounts, we reassessed materiality and updated it to £12.936million. We consider that our updated assessment has remained appropriate throughout our audit.

## Materiality

### Overall materiality

£12.936million



100%

Accounts materially misstated where total errors exceed this value

### Performance materiality

£9.702million



75%

Work performed to capture individual errors at this level

### Trivial threshold

£250,000



Audit Scotland threshold

All errors greater than this level are reported

### Materiality

Our assessment is made with reference to the IJB's cost of delegated services. We consider the cost of delegated services to be the principal consideration for the users of the accounts when assessing the performance of the IJB

Our assessment of materiality equates to approximately 1.5% of the IJB's cost of delegated services as disclosed in the 2021/22 unaudited annual accounts.

In performing our audit we do apply a lower level of materiality to the audit of the Remuneration and Staff Report. Our materiality is set at £5,000.

### Performance materiality

Performance materiality is the working level of materiality used throughout the audit. We use performance materiality to determine the nature, timing and extent of audit procedures carried out. We perform audit procedures on all transactions, or groups of transactions, and balances that exceed our performance materiality. This means that we perform a greater level of testing on the areas deemed to be at significant risk of material misstatement.

Performance materiality is set at a value less than overall materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of the uncorrected and undetected misstatements exceed overall materiality.

### Trivial misstatements

Trivial misstatements are matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

## Audit differences

- 24. Audit differences we identified during the audit are detailed at Appendix 2.
- 25. We identified disclosure and presentational adjustments during our audit which have been detailed in Appendix 2.

## Internal controls

- 26. As part of our work we considered internal controls relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we report these to the IJB. These matters are limited to those which we have concluded are of sufficient importance to merit being reported.

Area	Assessment	Comment
Control and process environment	Satisfactory	We consider the control environment within the entity to be satisfactory.
Quality of supporting schedules	Satisfactory	The supporting schedules received during the course of the fieldwork were sufficient for our audit purposes.
Responses to audit queries	Satisfactory	Management's responses to our audit queries were appropriate and received on a timely basis.

## Follow up of prior year recommendations

- 27. We followed up on progress in implementing actions raised in the prior year as they relate to the audit of the financial statements. Full details of our findings are included in Appendix 3.

## Other communications

### Accounting policies, presentation and disclosures

- 28. Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies adopted by the IJB.
- 29. The accounting policies, which are disclosed in the annual accounts, are in line with the Code and are considered appropriate.

30. There are no significant financial statements disclosures that we consider should be brought to your attention. All the disclosures required by relevant legislation and applicable accounting standards have been made appropriately.

31. Overall we found the disclosed accounting policies, and the overall disclosures and presentation to be appropriate.

#### **Fraud and suspected fraud**

32. We have previously discussed the risk of fraud with management. We have not been made aware of any incidents in the period nor have any incidents come to our attention as a result of our audit testing.

33. Our work as auditor is not intended to identify any instances of fraud of a non-material nature and should not be relied upon for this purpose.

#### **Non-compliance with laws and regulations**

34. As part of our standard audit testing, we have reviewed the laws and regulations impacting the IJB. There are no indications from this work of any significant incidences of non-compliance or material breaches of laws and regulations that would necessitate a provision or contingent liability.

#### **The Local Authority Accounts (Scotland) Regulations 2014**

35. As part of our audit we reviewed the IJB's compliance with the Local Authority Accounts (Scotland) Regulations 2014, in particular in respect of the regulations 8 to 11 as they relate to the annual accounts.

36. Overall we concluded that appropriate arrangements are in place to comply with these regulations.

#### **Written representations**

37. We will present the final letter of representation to the Chief Finance Officer to sign at the same time as the financial statements are approved.

#### **Related parties**

38. We are not aware of any related party transactions which have not been disclosed.

# Financial sustainability

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



## Auditor judgement



The IJB continues to face significant financial pressures, both immediately and over the medium to longer term, with latest projections suggesting a funding gap of £70.0 million by 2025/26. Recognising the need for a more strategic approach to financial planning, management has established the Innovation and Sustainability Portfolio, with a clear focus of delivering strategic change programmes and initiatives that look to achieve long-term financial and operational sustainability. High level financial projections have been updated but work remains ongoing to develop a medium term financial strategy and Edinburgh is now one of three integration authorities that have not yet developed a strategy.

The IJB's medium term workforce strategy 'Working Together' was approved by the Board in February 2022, accompanied by short term action plans and details of the governance arrangements. The IJB recognises the need to attract, recruit and retain staff to build the next generation of its workforce and explore the ways in which it can achieve this through the strategy.

## Significant audit risk

39. Our audit plan identified one significant risk in relation to financial sustainability:

### Financial sustainability

The IJB has been able to demonstrate arrangements for short term planning. However, as we first reported in our 2016/17 Annual Audit Report, the IJB has not developed a medium or long-term financial plan or strategy.

As we reported in 2020/21, a Financial Framework 2021-2024 was considered by the Board in December 2020, recognising a gap of £63.5 million in 2023/24. The Financial Framework was intended to form the basis of medium-term financial strategy, however further development of this has been halted. Recognising the need for a more strategic approach to identifying savings, the IJB proposed outlining a more long-term approach within an Integration and Sustainability Framework, which they intend to discuss at the Board development session in January 2022.

The health and social care sector continues to face unprecedented challenges to the sustainability of the system, some of which have been exacerbated by the COVID-19 pandemic. In an environment of heightened financial pressures, increasing demand and the growing need to redesign services, robust and timely financial planning is essential in supporting the sustainability of the IJB in the medium to long-term.

*Noted in the 2021/22 External Audit Plan*

40. Work is ongoing to develop a medium term financial strategy, however this remains at the early stages of development. Further work is required to reflect on the outcome of the Scottish Government's Resource Spending Review and to ensure alignment with the IJB's Strategic Plan which is also under development. The IJB has committed to drafting a Strategic Plan by October 2022 and expect to progress the development of the medium term financial strategy once this has been approved.
41. The health and social care sector continues to face unprecedented challenges to the sustainability of the system. Increases in demand and in the complexity of services delivered are needing to be balanced against heightened financial pressures and challenging staffing levels. Robust medium term planning is key to effectively managing this environment and the IJB should therefore develop a medium-term financial strategy in 2022/23 as an area of priority. As reported in Audit Scotland's Integration Joint Boards: Financial Analysis 2020/21 (June 2022), Edinburgh IJB is now one of only three integration authorities that do not have a medium term financial plan in place.

### Innovation and Sustainability Portfolio

42. Previously referred to as the Integration and Sustainability Framework, the IJB has looked to establish an Innovation and Sustainability programme with the aim of providing a more strategic approach to addressing financial and system pressures.
43. The portfolio has a clear focus of delivering strategic change programmes and initiatives that look to achieve long-term financial and operational sustainability. The IJB recognises the need to balance the redesign of services, with statutory and functional service requirements, whilst working within the limitations of the resources available.
44. A list of potential pipeline proposals has been identified and the IJB continues to engage with key stakeholders to further refine and develop these. Dedicated resource is now in place to support the development of these change proposals and the first is expected to be considered by the Board in September 2022. The Budget Working Group will further reflect on the financial implications of this portfolio at its next meeting in August 2022.
45. Given the nature of the ambitions of the Innovation and Sustainability Portfolio, the IJB recognises that this will be a long-term programme that will require a phased approach in order to manage the numerous complexities. Appropriate governance arrangements are in place to oversee and manage this programme of work, as detailed in paragraph 168.
46. There is now an urgent need for major changes to service delivery to address the longer term sustainability of the health and social care sector. The Innovation and Sustainability Portfolio recognises this and we strongly encourage the IJB to continue embedding the principles of this programme across its core business.

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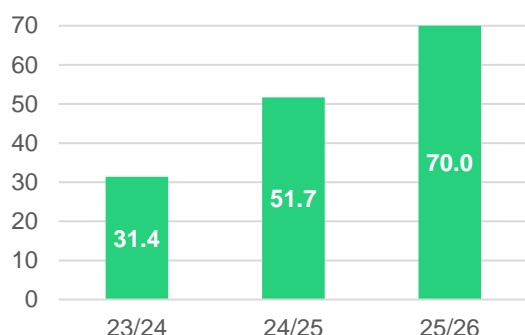
### Financial Strategy

47. The IJB's Financial Framework, first developed in October 2019 and last updated in December 2020, was intended to form the basis of a medium term financial strategy and presents an initial outlook over the medium term based on partner's planning assumptions.
48. The Framework takes cognisance of the IJB's authority to direct the totality of resources across both NHS Lothian and City of Edinburgh Council in a manner that best serves the people of Edinburgh.
49. High level projections have been developed for the period 2023 to 2026 and were considered by the Budget Working Group in August 2022, as summarised in exhibit 2. This highlights that even with the commitments around redesign and the initiatives outlined in the transformation



programme and the subsequent Innovation and Sustainability programme, the medium-term financial outlook remains extremely challenging. Further work is required to update the Financial Framework for this information.

### Exhibit 2: Cumulative Future Financial Gap (£m)



Source: Budget Working Group (August 2022)

- 50. A Savings and Recovery Programme has been developed for 2022/23. However, further work is required to address the £70.0million funding gap identified for 2025/26 and quantify the forecasted position over the medium term.

### Resource Spending Review

- 51. The Scottish Government published its Resource Spending Review in May 2022, covering the period from 2022/23 to 2026/27. Covering both revenue and capital, this outlines broad priorities and spending plans for the medium term which will be used to inform annual budget negotiations and allocations.
- 52. The Scottish Government recognises a need for reform to meet the most pressing issues facing Scotland over the medium term. As a result, it does not set any uniform budget increases

across portfolios, and instead priorities the delivery of Scottish Government commitments.

- 53. The key message set by Scottish Government is a requirement of savings of 3% per annum from all public sector bodies. With budgets already set for 2022/23, further detail on how this will impact the IJB is not expected until the Scottish Government set the 2023/24 budget. The IJB is reflecting on this with partnership organisations to ensure plans are aligned, as well as sharing ideas, however they recognise that current plans are likely to fall short of the Scottish Government’s requirements.

### Workforce Planning

- 54. The IJB’s inaugural workforce strategy, ‘Working Together’, was approved by the Board in February 2022, accompanied by action plans and details of the governance arrangements. A detailed workforce plan was submitted to the Scottish Government in March 2022, in line with set deadlines, and the IJB expect to receive feedback on this in September 2022.
- 55. The strategy recognises the challenges currently faced within the workforce and the impact of arising risks to the IJB. Edinburgh’s population is projected to increase faster than any other area of the country over the next ten years and demand for services will increase with it.
- 56. The Partnership consists of just under 5,000 colleagues, of which 48% are aged 50 and above and only 8.6% are below the age of 30. The IJB therefore faces the risk of losing essential



knowledge and experience from the organisation and acknowledges the further challenges presented by national demographic projections which indicate a reduced capacity within working age groups over the medium term.

57. The IJB recognises the need to attract, recruit and retain skilled staff to build the next generation of its workforce and explore the ways in which it can achieve this through the strategy.
58. Key stakeholder groups, including current employees, have been involved throughout the development of the strategy. The IJB has also recognised the importance of services delivered by colleagues from the third and voluntary sectors, and has ensured their views have also been reflected.
59. Building a workforce capable of meeting the health and social care needs of Edinburgh's citizens is a long term process and the objectives set reflect this. Recognising the need for further discussion and collaboration to inform this process however, the strategy focusses on actions required over the next three years.
60. The strategy outlines the IJB's vision and priorities for its workforce and considers the actions needed to deliver a high quality, skilled and sustainable workforce. The strategy takes cognisance of the IJB's overarching Strategic Plan and is structured under four strategic workforce priorities;
  - Health & Wellbeing;
  - Culture & Identity;
  - Workforce Capacity & Transformation; and

- Leadership & Development.

61. For each workforce priority, the IJB has identified several key commitments and a series of specific actions. Three delivery groups have been established to take forward the action plan for each priority (one group will consider both Health & Wellbeing, and Culture & Identity).
62. The first task of each delivery group will be to determine performance indicators for each commitment. Progress in delivering the short term delivery plans will be reported to the Innovation & Sustainability Portfolio Board, and shared with the IJB as required.
63. We are satisfied that appropriate arrangements are in place to oversee the delivery of 'Working Together' and encourage the IJB to set key performance indicators for each workforce priority to support the quantitative assessment and scrutiny of progress.

## National Care Service (Scotland)

64. In February 2021, Derek Feeley's report on the Independent Review of Adult Social Care in Scotland was published as part of the 2020/21 Programme for Government. This outlined 53 recommendations, including the establishment of a National Care Service for Scotland, created on an equal footing with NHS Scotland, and a call for integration authorities to be funded directly by the Scottish Government.
65. The Scottish Government's response to the report and proposals to improve the way social care is delivered were published for consultation between

- August and November 2021. The key aims of these proposals were to ensure that high quality care and support is consistently delivered to every single person who needs them across Scotland, including better support for unpaid carers, and ensuring that care workers are respected and valued.
66. The proposed reforms to achieve this represent one of the most significant pieces of public service reform to be proposed by the Scottish Government. An analysis of the consultation responses was published in February 2022 and seen as a key step in shaping the primary legislation required.
67. The National Care Service (Scotland) Bill was introduced to Parliament on 20 June 2022. The Bill is currently at stage one of approval where it is being examined by the Health, Social Care and Sport Committee.
68. The Bill allows Scottish Ministers to transfer responsibility for social care from local authorities and certain healthcare functions from the NHS to a new National Care Service. The Scottish Government has committed to establishing a functioning National Care Service by the end of the parliamentary term in 2026.
69. The Bill makes provision for the Scottish Ministers to establish and fund new bodies, called “care boards”, to plan and deliver services locally. The relationship between the Scottish Ministers and the care boards is expected to work in a similar way to the current approach taken by IJBs and their partner bodies.
70. The Bill sets out an initial framework for how the new bodies will be constituted, and how they will operate and deliver services. The Scottish Government have recognised that further detailed policy, including the provisions which impact on the IJB, will be set out in secondary legislation. This includes;
- The number of care boards and the geographic areas they will cover;
  - The membership of the boards and their relationship with the National Care Service structures;
  - The duties, functions and services they will provide, both directly and commissioned from other bodies;
  - Workforce, employment and contractual arrangements (including transfer of staff from local authorities); and
  - Maximising opportunities for collaboration and co-operation between care boards and other bodies, including local authorities, NHS boards and independent and third sector bodies.
71. Due to recognition of the significant impact which the Bill will have on the IJB once it has been passed in parliament, the IJB Chief Officers continue to have regular communication with the Scottish Government. Given the level of uncertainty that remains regarding the impact on IJBs, the implementation of the National Care Service has not been reflected in the IJB’s financial, strategic or operational planning to date, in line with the rest of the sector.

# Financial management

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



## Auditor judgement



Whilst the IJB started 2021/22 with an unbalanced budget, it reported an accounting surplus of £57 million at 31 March 2022. This has arisen from funding received in 2021/22 to be spent in future years, with the full surplus being committed or ring fenced for specific purposes. This level of additional funding was not anticipated and is £33.8 million received was in excess of the amount requested through the Local Mobilisation Plans.

The IJB has recognised that the reserves position as at 31 March 2022 is significant at £82.2 million, with the majority of funding in reserves being ring fenced for specific purposes. Of this balance, £44.9 million is earmarked to address costs arising from the COVID-19 pandemic. The IJB are actively in discussion with partners and the Scottish Government to determine the extent of flexibility in the application of these monies going forward.

The Board approved the 2022/23 financial plan in March 2021 and a savings and recovery programme of £5.74million. Further actions (totalling £12.8million) have been identified to mitigate the position, reducing the budget gap to £10.8 million. The IJB and partners have agreed that the remaining budget gap is at a level where it is feasible to identify mitigating actions as the year progresses.

## Significant audit risk

72. Our audit plan identified one significant risk in relation to financial management:

### Management of the forecasted year end position

In March 2021, the Board approved the 2021/22 financial plan and the savings and recovery plan. At this stage, the plan identified a deficit of £9.3 million which was subsequently reduced to £5.5 million.

The latest forecast (December 2021) projected a deficit of £13.1 million, resulting from the existing deficit and slippage on the savings and recovery programme. The Scottish Government has committed to supporting Integration Authorities to break even in 2021/22, providing that IJBs take appropriate steps to reduce this requirement as far as possible. Whilst this supports the 2021/22 financial position, it is important to note that the IJB continues to run with a material underlying financial deficit which is likely to increase further in 2022/23.

*Noted in the 2021/22 External Audit Plan*

73. Whilst the IJB started 2021/22 with an unbalanced budget, it reported an accounting surplus of £57 million at 31 March 2022, largely as a result of additional funding made available by the Scottish Government. Of this surplus, £53.8 million is ring fenced for specific purposes and the remaining £3.2 million represents a surplus on delivering delegated services which has been committed to address the 2022/23 funding gap.
74. The Board approved the 2022/23 financial plan in March 2022 and received an update in August 2022. Even after assuming full delivery of the 2022/23 savings and recovery programme of £5.7 million, the plan recognises a funding gap of £10.8 million. The IJB has agreed with partners that opportunities to identify savings that do not impact on service delivery have been exhausted, but believe there is sufficient flexibility in the financial framework to mitigate this funding gap in year. The IJB holds significant reserves of £82.2 million and discussions with Scottish Government are ongoing to determine how these can be utilised to address the remaining gap.
75. Of this reserves balance, £44.9 million is earmarked to address the cost arising from the COVID-19 pandemic. The Scottish Government has advised that no further COVID-19 funding will be provided in 2022/23 or beyond. The IJB has forecasted costs of £26.8 million which will be met by this reserve. The IJB is continuing to liaise with partners and the Scottish Government to manage and minimise these

costs where possible, recognising the now non-recurring nature of this funding.

## Financial Performance in 2021/22

76. The IJB started 2021/22 with an initial funding gap of £31.3 million. The financial plan identified two mitigating actions totalling £2.8 million and a savings and recovery programme was developed to address £19.2 million of the remaining savings requirement. The IJB and partners agreed that the remaining budget gap of £9.3 million was at a level where it is feasible to identify mitigating actions as the year progressed.
77. The IJB spent £881 million delivering health and social care services to the people of Edinburgh in 2021/22 (2020/21: £850 million). For 2021/22 the Board is reporting a surplus of £57 million (2020/21: surplus of £22

million), largely as a result of additional funding made available by the Scottish Government. This is the third year that the IJB has not needed to rely on additional contributions from partners to manage their financial position.

78. Of this surplus, £53.8 million is ring fenced for specific purposes, representing funding received in 2021/22 but not yet spent. The remaining £3.2 million represents a surplus on delegated services for 2021/22 and an unallocated general reserve balance, which has been committed to addressing the 2022/23 funding gap. The surplus has been transferred to usable reserves bringing the total balance to £82.2 million as at 31 March 2022 (31 March 2021: £25.4 million).

### Exhibit 3: Financial Performance in 2021/22

	Budget £000	Actual £000	Variance £000
Health services	677,165	604,871	72,114
Council services	260,926	276,258	(15,332)
<b>Total Outturn</b>	<b>938,092</b>	<b>881,310</b>	<b>56,749</b>

Source: Finance Update- August 2022

### Impact of COVID-19

79. Of the £926 million costs incurred in 2021/22, net costs of £42.4 million are directly attributable to COVID-19. Additional costs incurred by the IJB as a result of the COVID-19 response include;
- Sustainability payments made to support providers during the pandemic;
  - Purchase of additional capacity relieve the strain on acute medical services;
  - Reimbursement of independent contractors;
  - Increased prescribing costs; and
  - Slippage in the delivery of the savings and recovery programme.
80. The impact of the pandemic on the IJB's finances has been closely monitored throughout the year. NHS Lothian has continued to submit regular and timely information to the Scottish Government through Local Mobilisation Plans, reflecting the impact on both their own services and those of the Health and Social Care Partnership. These returns provided the necessary information to determine the additional cost and funding required to support the COVID-19 response.
81. In line with the Scottish Government's commitment to fully fund the financial consequences of the pandemic, the IJB received funding of £42.4 million to meet the additional costs identified within Local Mobilisation Plans. In addition, the Scottish Government committed a further £619 million of funding to integrated authorities in February 2022. The IJB's share of this funding amounted to £33.8 million.

82. Scottish Government has set the expectation that no new funding will be made available from 2022/23 to support integrated authorities and health bodies response to COVID-19. As a result, permission has been given for any associated funding not fully utilised in 2021/22 to be carried forward to 2022/23.
83. As outlined in exhibit 4, the IJB currently holds an earmarked reserve of £44.9 million to address the additional and ongoing costs of COVID-19.

### Exhibit 4: Funding Allocations received from Scottish Government to support the IJB's response to the COVID-19 pandemic in 2021/22

	£'m
<b>Funding</b>	
Carried forward from 20/23	11.634
Funding allocated in year	75.675
<b>Total funding available</b>	<b>87.309</b>
<b>Costs</b>	
Costs incurred in NHS delegated services	10.910
Costs incurred in Council delegated services	31.462
<b>Total additional Covid costs</b>	<b>42.372</b>
<b>Balance carried forward</b>	<b>44.937</b>

Source: Finance Update - August 2022

84. Recognising the significant levels of reserves held for specific purposes, the IJB are actively in discussion with partners and the Scottish Government to determine the extent of flexibility in the application of these monies going forward.



### Partnership working

85. The IJB has continued to work closely with both partner organisations to determine the financial impact of the pandemic and update projections for the year.
86. Internal audit completed a review in 2021/22 of the key controls established to ensure that complete and accurate Partnership financial information was included in the mobilisation plans provided to Scottish Government.
87. Reporting their findings to the Audit and Assurance Committee in May 2021, internal audit concluded that the control environment had been adequately designed and is operating effectively, providing assurance that risks are being effectively managed. The IJB completed a lessons learned exercise in August 2021, as recommended by the internal audit, in collaboration with partner organisations. From this exercise, a set of actions was developed to further strengthen the financial arrangements between the IJB and partner organisations going forward.

### Financial Plans for 2022/23

88. The 2022/23 budget was considered and approved by the Board in March 2022. Whilst the budget was unbalanced by £16.9 million, the IJB and partner organisations were comfortable that there is sufficient flexibility in the system to deliver financial balance by the year end, but note that some risk remains as not all mitigating actions could be quantified at this stage.
89. Delegated budgets from partners total £749.5 million for 2022/23 (2021/22:

£692.2 million). For NHS Lothian this represents a 2% uplift (£7.3 million) from the 2021/22 budget.

90. The Scottish Government 2022/23 budget provided for an additional £553.9 million to be transferred from the health portfolio for investment in adult social care and integration. Local authorities were required to pass this additional funding to integration bodies in full, and hence the uplift in budget allocation from City of Edinburgh Council totals £47.3 million and consists of the following:

- £16.3 million balance for prioritisation by the IJB;
- £14.2 million to support the living wage uplift;
- £12.8 million of winter funding
- £2.4 million for the uprating of free personal and nursing care; and
- £1.7 million to support continued implementation of the Carers Act.

91. In addition, the Scottish Government has subsequently announced funding for additional social workers (£1.9 million) and to support mental health recovery (£0.5 million).

92. Set against this, the projected cost of delegated services for 2022/23 is £778.8 million (2021/22: £723.5 million), excluding the financial impact of COVID-19. Modelling suggests that the cost of delivering delegated services will rise by £68.3 million compared to the prior year, with the most significant increases arising from;

- Purchasing inflation (£29.0 million)
- Provisions (£11.0 million)
- Demographic growth (£9.0 million)

- Pay inflation (£8.5 million)
93. Comparing partner’s initial budget offers with projected costs of delegated services results in a savings requirement of £29.3 million.

### Savings and Recovery Programme 2022/23

94. The Board considered and approved the 2022/23 savings and recovery programme in March 2022 which aimed at addressing the funding gap. The IJB has tried to ensure proposals aligned to the strategic plan and demonstrate a commitment to continually strive to improve outcomes for people and maintain the quality of services. However, the savings and recovery programme recognises that given the magnitude of the 2022/23 savings requirement, changes will need to be made that may impact services, people and staff.
95. As part of the programme, the Board approved 10 savings projects totalling £5.74 million, as outlined in exhibit 5.
96. The savings and recovery programme is insufficient to balance the 2022/23 financial plan. However, the IJB concludes that it has exhausted any further opportunities to deliver efficiencies whilst maintaining performance and improvement outcomes.

### Delivering financial balance

97. The financial plan identified two further mitigating actions totalling £6.7 million. These relate to utilising £5.5 million of funding made available by Scottish Government to address cost pressures of demographic growth, and reducing cost pressures through the introduction of an overnight responder service to adults within their own homes (£1.2 million).

98. In addition, the Board received an updated 2022/23 budget in August 2022 which reflected final budget offers from partner organisations and the latest information available from the Scottish Government. This reduced the budget shortfall to £10.8 million as a result of additional funding of £2.9 million from NHS Lothian following the finalisation of their financial plan and a general reserve of £3.2 million given the surplus position in 2021/22.

### Exhibit 5: Funding gap for 2022/23

	£'m
Total delegated budget (March)	749.5
Total expenditure	(778.8)
<b>Savings requirement</b>	<b>(29.3)</b>
Savings & recovery programme	5.7
Mitigating actions:	
<i>Winter funding (capacity)</i>	5.5
<i>Responder service</i>	1.2
<b>Remaining gap (March 2022)</b>	<b>(16.9)</b>
Update per August budget	
Improvement in NHS Lothian financial plan	2.9
Utilisation of 2021/22 surplus	3.2
<b>Remaining gap for 2022/23</b>	<b>(10.8)</b>

Source: 2022/23 Financial Plan (March 2022 and August 2022)

99. The IJB started 2022/23 with reserves of £82.2 million, of which £44.9 million has been earmarked to cover COVID-19 costs, as considered below. Plans to use the remaining earmarked balance are being progressed by the IJB. The application of these reserves



to address the remaining gap will need to be agreed with Scottish Government and the IJB is continuing to progress these discussions.

recognising that there remains a degree of risk around the use of earmarked reserves.

### Financial impact of COVID-19

100. As outlined as exhibit 4, the IJB currently holds a reserve of £44.9 million to meet the ongoing costs of the pandemic.
101. The Scottish Government has confirmed that no further COVID-19 funding is anticipated in 2022/23 or in future years. Whilst there is still a requirement for investment in 2022/23, the sector recognises that these costs need to be managed down where possible. As a result, the Scottish Government is taking forward a number of actions through its Covid Cost Improvement Programme.
102. The IJB is working to ensure that activity in 2022/23 is fully aligned with this work. Instructions have been provided on how existing funding streams can be utilised most effectively prior to utilising COVID-19 reserves, given their non-recurring nature.
103. The IJB has completed a high level review of investments made during the pandemic, looking to identify alternative sources of funding where possible. COVID-19 costs that cannot be met through any other alternative funding source are forecasted at £26.8 million for 2022/23 (note, £10.9 million of this total is reflected in the 2022/23 financial plan outlined above). These costs will be met in year from the £44.9 million currently being carried in reserves.
104. The IJB will continue to closely monitor this position throughout 2022/23 with partner organisations,

### Exhibit 6: Projected COVID Related Costs for 2022/23

	£m
<i>Net budget gap/unachievable savings</i>	10.836
<i>Provider sustainability payments</i>	3.604
<i>Hosted and set aside costs</i>	3.583
<i>GP prescribing</i>	2.152
<i>Interim care beds</i>	1.439
<i>Vaccination programme</i>	1.387
<i>Additional community capacity</i>	1.129
<i>Loss of income</i>	1.126
<i>Additional staff costs</i>	1.115
<i>Additional PPE</i>	0.365
<i>Other</i>	0.033
<b>Total investments</b>	<b>26.769</b>
<b>Funding available</b>	<b>44.937</b>
<b>Covid reserves balance</b>	<b>18.167</b>

Source: 2022/23 Financial Plan- August 2022

## Prevention and detection of fraud and irregularity

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

# Governance and transparency

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



## Auditor judgement



The Board and Committees have continued to meet virtually throughout 2021/22. Meetings were suspended in December 2021/January 2022 in response to significant pressures in the social care system, and in June/July 2022 following the Local Government Elections. There have been significant changes in Board and Committee membership following turnover within the NHS Lothian Board and the Local Government elections.

Further work is required to commission an independent assessment of the leadership and managerial capacity. Given the level of significant change the IJB has committed to over the next three years, this work should be completed as an area of priority in 2022/23.

## Significant Audit Risk

106. Our audit plan identified one significant risk in relation to financial sustainability:

### Maturity of governance arrangements

The Good Governance Institute undertook a review of the IJB's arrangements in 2018/19, outlining a series of 18 recommendations. As reported in our 2020/21 Annual Audit Report, two recommendations remain outstanding relating to:

- The development of the IJB's risk appetite and risk escalation approach; and
- Commissioning an independent assessment of the leadership and managerial capacity needed for the IJB to succeed over the next three years.

The IJB recognises the significant level of transformation required over the medium term to modernise and streamline service delivery and improve outcomes whilst remaining financially sustainable. Robust risk management arrangements and leadership is essential to successfully driving this process.

*Noted in the 2021/22 External Audit Plan*

107. Progress in delivering the Good Governance Institute's recommendations has been considered by the Executive Management Team but has not been formally reported to the Board in 2021/22. At the time of writing, the development of the IJB's risk appetite and risk escalation approach has been completed and the remaining outstanding action noted above remains in progress. We encourage the IJB to consider this as an area of priority.

## Governance Arrangements

108. The IJB and its Committees have continued to meet virtually throughout 2021/22, rather than in person. Initially introduced in response to physical distancing requirements, further discussions are ongoing to determine the extent to which this will continue now that these requirements have been lifted.

109. The IJB has continued to face significant operational and capacity pressures throughout the year. By

October 2021, this had escalated to a level where the decision was taken to postpone certain areas of work undertaken by the Board and Committees to ensure officers could focus on the operational issues arising. As a result;

- All formal Board and Committee meetings in December 2021 and January 2022 were cancelled with the exception of the December 2021 Board meeting which ran with a reduced agenda;

- Development of the IJB's Performance Framework was postponed; and
  - Work underway to deliver a revised full Strategic Plan was paused.
110. Board and Committee meetings restarted in February 2022 where all papers from cancelled meetings were considered in full.
111. Through our review of Board and Committee papers we are satisfied that there continues to be effective scrutiny, challenge and informed decision making through the financial period.
112. During 2021/22, the IJB's committees were as follows;
- Strategic Planning Group
  - Performance and Delivery
  - Audit and Assurance
  - Clinical and Care Governance
  - Futures
113. The Futures Committee was introduced in response to the Good Governance Institute's review. Its purpose is to provide strategic focus and stimulus on long-term issues, evaluate assurance provided on strategic approach to these issues, and provide protected time and space for consideration of change and transformation of the delivery of services.
114. However a lack of resource to support the committee has impacted its ability to function. As a result, the Board decided to remove the Futures Committee from the IJB's governance structure from April 2022. Instead, an annual event will be held with all IJB

members to ensure a formal approach to considering longer term strategic trends considers to be taken.

### New Appointments

115. In line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, the term of office of a member of the IJB cannot exceed three years, but members can be reappointed for a further term of office.
116. Local Government Elections were undertaken in May 2022, resulting in changes to IJB members appointed by City of Edinburgh Council.
117. The following changes in governance arrangements have occurred during the period:
- Peter Knight (NHS Lothian) appointed 1 May 2022;
  - George Gordon (NHS Lothian) appointed 1 June 2022;
  - Peter Murray (NHS Lothian) re-appointed 27 June 2022;
  - Elizabeth Gordon (NHS Lothian) appointed 1 August 2022;
  - Councillor Tim Pogson appointed as the Chair of the IJB with effect from 16 May 2022; and
  - Councillor Euan Davidson, Councillor Max Mitchell, Councillor Vicky Nicolson and Councillor Claire Miller appointed 26 May 2022.
118. All new Board members attended an induction session prior to their first Board meeting. This session included an introduction to the IJB, an overview of the purpose of the IJB and integration, an introduction to how the IJB operates, the role of voting and

non-voting members and a summary of ongoing strategic planning work.

119. We reviewed the induction process and concluded that it provides those charged with governance with the information and platform to do so effectively.
120. At its meeting on 9 August 2022, the IJB appointed members to its four committees.
121. Following the Local Government elections, delays were faced by City of Edinburgh Council in appointing members to the IJB, and subsequently the IJB was delayed in appointing board members to each committee. As a result, Board and Committee meetings were cancelled between June and August 2022. Work is ongoing to revise annual cycles of business to ensure all standing items are considered by the Board and Committees in a timely manner.

### Integration Scheme

122. The Public Bodies (Joint Working) (Scotland) Act 2014 included a provision that the Integration Scheme for the IJB must be updated every five years following a period of public consultation. Initially planned for 2019/20, this exercise has been delayed by two years due to COVID-19. Work has commenced in 2021/22 however, with an updated Integration Scheme published for public consultation between 28 March and 26 April 2022.
123. Revisions to the Scheme have been agreed between NHS Lothian and City of Edinburgh Council. Revisions reflect the evolution of the IJB as a working entity and include;

- Removal of provisions relating to the establishment and set up of the IJB;
- Updates to aspects of governance to reflect established best practice;
- Recognition and alignment with NHS Lothian's Strategic Development Framework;
- Confirmation of the support services to be provided by City of Edinburgh Council and NHS Lothian to the IJB; and
- Updated arrangements for the processing and handling of information among partner bodies to reflect best practice.

124. The Integration Scheme was considered at both the City of Edinburgh Council and NHS Lothian Board meetings in June 2022. This is currently sitting with Scottish Ministers for formal approval and adoption.

### Openness and Transparency

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

part of the current review of governance arrangements and deem the balance of openness to be appropriate.

## Internal Audit

128. The Chief Auditor of City of Edinburgh Council has been appointed as the Chief Internal Auditor for the IJB. Internal audit activity is undertaken by a combination of the City of Edinburgh Council and NHS Lothian internal audit teams.
129. To avoid duplication of effort and to ensure an efficient audit process we have taken cognisance of the work of internal audit throughout our audit. While we have not placed formal reliance on the work of internal audit in 2021/22, we have taken account of internal audit's work in respect of our wider scope responsibilities. We are grateful to the internal audit team for their assistance during the course of our work.
130. In her Annual Opinion, the Chief Internal Auditor notes that some improvement is required to the IJB control environment and governance and risk management framework. As a result, internal audit provided an 'amber rated opinion'. This is in line with the outcome reported in 2020/21
131. In February 2022, the Chief Internal Auditor presented three proposed principles to formalise the established working relationship between IJB's Audit and Assurance Committee, Council Governance, Risk and Best Value (GRBV) Committee and NHS Lothian Audit Committee.
132. Established principles are already in place between NHS Lothian and the four integrations authorities it works

with. Aligned principles have been set as follows to underpin the relationship between the IJB and City of Edinburgh Council;

- EIJB Audit and Assurance and GRBV Committee will have an effective working relationship to take forward matters of common interest.
- To support the efficient conduct of business, there is a clear communication process from the EIJB Audit and Assurance Committee to the GRBV Committee and vice versa.
- Relevant EIJB Internal Audit reports will be made available to the GRBV Committee and vice versa.

133. The principles were approved by the IJB's Audit and Assurance Committee in February 2022 and the Council's GRBV Committee in March 2022.

## Fairness and equality

134. In December 2019, the IJB set the following five equality outcomes for the period 2019-2023:
- People know what support and services are available and know how to access them;
  - People are treated with respect and provided with the best advice and support;
  - People are supported to lead an independent life;
  - Services are available fairly across the city; and
  - Health inequalities are reduced.



135. The IJB is required to report on progress made against these equality outcomes at least every two years. The latest Equalities Outcome and Mainstreaming Progress Report was published in 2021/22 and is available on the IJB's website.
136. Management recognise the importance of mainstreaming and integrating equality in day to day processes and decision making. The Mainstreaming Equality Report details a number of initiatives that the IJB has implemented or plans to implement.
137. In addition, to ensure fairness and equality is integrated into service delivery and decision making, the IJB completes Integrated Impact Assessments for all budgets, new policies and procedures and areas of strategic priority. The findings of the Integrated Impact Assessments are included alongside Board and Committee reports to allow members to scrutinise the impact of proposals on equalities, human rights and sustainability.
138. We are satisfied that appropriate arrangements appear to be in place to oversee and report on delivery of the IJB's five equality outcomes.
- implications across the wider social care sector.
140. The IJB is aware of these inquiries but they have not been formally considered by the Board. The Council has committed to implement all recommendations from these reports and on this basis, the IJB has not deemed it necessary to consider these further.

## Whistleblowing investigation

139. City of Edinburgh Council commissioned independent inquiries in relation to whistleblowing and organisational culture, and the conduct of a former senior manager in Communities and Families. These concluded in 2021/22, with the outcomes reported to the Council. These focus on children's social care, a service for which the IJB is not responsible for, but do have



# Value for money

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

## Auditor judgement



Further work is required to develop a robust performance management framework that is aligned to the new Strategic Plan. The IJB has committed to producing drafts of both documents by October 2022, having paused their development between December 2021 and May 2022 to focus on addressing system pressures.

Performance continues to be mixed, with the IJB performing worse than the national average in nine of the 19 indicators. The IJB continues to perform poorly against a number of key indicators and is the lowest ranked integrated authority for delayed discharges. Areas of underperformance have been recognised and reflected on by the Innovation and Sustainability Portfolio.

The pandemic, EU withdrawal and Edinburgh's growing population have exacerbated the significant pressures faced by the IJB. The focus has now shifted from reacting to the pandemic to support sustainability over the medium to long-term. The transformation programme has transitioned to the Innovation and Sustainability Portfolio and work is ongoing to identify, scope and deliver the next phase of major change and innovation in how the IJB commissions services.

## Significant audit risk

141. Our audit plan identified one significant risk in relation to value for money under our wider scope responsibilities:

### Performance management framework

Delivery against local and national targets is presented to the Performance and Delivery Committee on a bi-monthly basis. However, work remains ongoing to develop and embed an integrated performance framework with measures that more clearly consider performance against the Strategic Plan.

Management had committed to developing this framework by April 2022 to coincide with the commencement of the new Strategic Plan 2022-2025, however work has been paused to manage system pressures and the publication of the Strategic Plan has been delayed until 2023.

Without a clear, effective performance management framework in place, there is a risk that the IJB cannot demonstrate continual improvement of services delivered and the achievement of value for money through appropriate use of resources.

*Noted in the 2021/22 External Audit Plan*

142. Under the integration scheme, the IJB is responsible for implementing a comprehensive performance management system that allows for transparent reporting and appraises achievement against the strategic plan. Work to develop the performance framework and strategic plan restarted in May 2022 following an expansion of the Performance and Delivery Committee, and the IJB has committed to completing first drafts of both documents by October 2022.
143. An overview of the proposed approach to developing the performance framework, including identification of five overlapping workstreams, was presented to the Performance and Delivery committee in July 2021. The work is intended to be conducted in line with the development of a new strategic plan 2022-2025, such that the refreshed performance reporting can be put in place alongside the new strategic plan.
144. The Performance and Delivery Committee considered the status of each workstream in August 2022, as summarised in exhibit 7. Next steps were agreed to ensure the timely development of key performance indicators and monitoring framework.

### Exhibit 7: Status of each overlapping workstream

Workstream	Status
<b>Workstream 1:</b> Understanding the outcomes we want to monitor performance against	Draft strategic plan due to SPG in August 2022
<b>Workstream 2:</b> Developing a set of indicators that build a picture of performance against these outcomes	Work is under way to group indicators under the proposed strategic objectives but this will continue once the draft Strategic Plan is progressed
<b>Workstream 3:</b> Ensuring we have robust data in place to measure this performance	Work commenced in July 2022 to review our Council social care data. Further work will be undertaken as measures and reporting are further developed.
<b>Workstream 4:</b> Understanding performance roles and responsibilities – who needs to receive what performance information	The EIJB Performance Framework is currently being drafted.
<b>Workstream 5:</b> Creating mechanisms and deliverables for reporting.	Work commenced in July 2022 to review our Council social care data, and how we can use dashboard tools to improve this reporting. A related project in relation to NHS data will commence later in the year.

Source: Performance Framework Report- August 2022

145. We encourage the IJB to continue building on their performance framework as an area of priority to be able to demonstrate continual improvement of services delivered and the achievement of value for money through appropriate use of resources. Management have committed to producing a draft of the framework by October 2022 and finalising this alongside the Strategic Plan by March 2023. The IJB has recognised that further work to support improved performance and embed this into the organisation will continue into 2023-24.

## Performance Framework

146. The Performance and Delivery Committee is responsible for

overseeing the performance and progress monitoring framework.

147. A performance report is presented at each Performance and Delivery

Committee, providing an overview of performance against the seven key local indicators and national Ministerial Strategic Group measures. Detailed dashboards are supported by a narrative report which highlights key risks and noteworthy changes to performance.

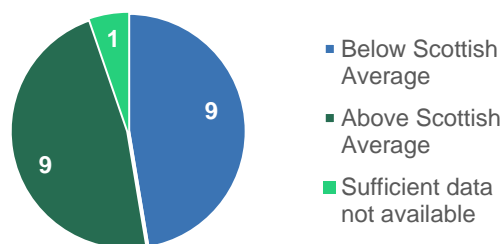
148. As highlighted in our 2020/21 Annual Audit Report, performance reports are significant in length with the most recent committee report in excess of 50 pages. Whilst the level of detail may be beneficial to some members, this does not support efficient scrutiny. Members should focus discussions on area of concern or underperformance and the current reporting format does not summarise or highlight these areas.
149. Performance reports would benefit from the inclusion of a performance scorecard that summarises for each indicator whether performance has improved, declined or remained constant and how this compares against targets or thresholds. A RAG rating could be used to draw members' attention to areas of underperformance or concern.

### Performance during 2021/22

150. In line with the requirements of the Public Bodies (Joint Working) Act 2004, the IJB prepares an annual public performance report that considers progress against both the nine National Health and Wellbeing Outcomes and the key priorities identified within their strategic plan.
151. The performance report compares the IJB's performance against 19 core national indicators to the Scottish average. For some indicators, performance is based on data for the

2021 calendar year due to the national data for 2021/22 being incomplete at the time of writing.

### Exhibit 8- Edinburgh IJB performance against the core national indicators



Source: EIJBA Annual Performance Report 2021-22- July 2022

152. As exhibit 8 demonstrates, performance continues to be mixed compared to the Scottish average. The IJB performed worse than the national average in nine of the 19 indicators. The IJB ranked in the bottom 20% of 31 integration authorities in the following three indicators;
- Number of days people aged 75+ spend in hospital when they are ready to be discharged – ranked 31<sup>st</sup> (2021: 22<sup>nd</sup>);
  - Falls rate per 1,000 population in over 65s – ranked 28<sup>th</sup> (2021: 29<sup>th</sup>); and
  - Proportion of last six months of life spent at home or in community setting - ranked 27<sup>th</sup> (2021: 31<sup>st</sup>).
153. As noted in exhibit 8, there was insufficient data available to conclude on performance for the indicator 'percentage of total health and care spend on hospital stays where the patient was admitted in an emergency'. NHS Boards were not able to provide detailed cost

information for 2020/21 due to changes in service delivery during the pandemic and as a result, Public Health Scotland have not provided information for this indicator beyond 2019/20.

### Delayed discharges

154. The IJB has historically underperformed against their delayed discharges target (the number of days people aged 75+ spend in hospital when they are ready to be discharged) and were the lowest ranking integration authority in 2021/22 (2020/21: ranked 22<sup>nd</sup>).
155. It is recognised that the 2020/21 figures, both locally and nationally, were affected by the pandemic both due to the lower number of people being admitted to hospital and the focus to free up beds to increase hospital capacity.
156. As expected, performance has therefore declined by comparison in 2021/22 as services have remobilised and pressures on social care capacity have returned. These pressures have been felt more acutely in Edinburgh due to the demographics of the city, with the number of bed days lost due to delayed discharges increasing by 143% for the IJB, compared to a 58% increase in the national average.
157. Whilst the IJB has recognised a sharp increase in delayed discharges in 2021/22 and is the lowest performing integration authority, this remains below the high levels of delayed discharges reported in 2017/18 and 2018/19.
158. The IJB is continuing to work to reduce the levels of delayed discharges through initiatives including;
- Home First - introducing a 'planned date of discharge' to support and encourage more proactive discharge planning.
  - Bed-based care strategy - implementing changes that support increased capacity in intermediate care and a move to a nursing model within internal care homes.
159. The IJB will continue to closely monitor performance in the area. Addressing areas of underperformance, including delayed discharges, is a key priority for the IJB and is recognised as such in its Strategic Plan.

### Recovery and Transformation

160. The pandemic has continued to present significant challenges to the health and social care system as restrictions have eased but COVID-19 cases have remained high. The pressures faced by the IJB are not new, but have been exacerbated by withdrawal from the EU, the COVID-19 pandemic and Edinburgh's growing population.
161. At both a national and local level, an increase in demand has resulted from people being de-conditioned following periods of lockdown, family members and unpaid carers seeking support after caring for people during the pandemic, and a general build-up of demand emerging after the reduction in services since March 2020.
162. At the same time, the sector is also facing a decrease in care capacity resulting from a loss of staff, higher levels of staff sickness absence and long-term challenges to recruit.

163. In response to these pressures, the Scottish Government allocated £300 million of funding across Scotland. Utilising its share of the funding (£10.8 million), the IJB targeted investment to reflect the priority areas identified by the Scottish Government, looking to initially improve system performance in the short term.
164. Regular updates on the system pressures faced and the areas of investment were presented to the Board between October 2021 and April 2022. Whilst the position remains challenging, small improvements in performance have been noted.
165. The focus of the IJB has now shifted from reacting to the pandemic to supporting sustainability over the medium to long term. Work has been ongoing to transition the transformation programme, initially established in early 2020 to support the delivery of the Strategic Plan 2019-2022, into a new Innovation and Sustainability Portfolio, as presented to the Board in March 2022.
166. The portfolio will focus on driving efficiency and delivering sustainability, not just financially, as considered at paragraph 42 onwards, but also in terms of future service and workforce capacity. As well as collating all existing transformation projects, there is a need to identify, scope, develop and deliver the next phase of major change and innovation. Given the scale of the multi-faceted, cross cutting and complex pressures faced, a significant programme of holistic, whole-system, strategic change is required to support long-term recovery and sustainability.
167. The Innovation and Sustainability Portfolio encompasses a number of the key projects which were initiated under the previous transformation programme including;
- Bed based care strategy;
  - Digital transformation;
  - Three conversations model;
  - Edinburgh wellbeing pact;
  - Home first project;
  - Home based care transformation; and
  - Working together strategy.
168. In line with the previous transformation programme, a Portfolio Board consisting of members of the Executive Management Team will have overall accountability and responsibility for the Innovation and Sustainability Portfolio. Terms of reference for this group are in place and outline that the Portfolio Board will meet once a month and report progress made on the workstreams directly to the IJB.
169. In December 2021, the IJB agreed to identify a permanent funding source to support a transformation team, recognising that the scale of change required is not feasible without dedicated resources.
170. Work remains ongoing to develop a pipeline of future projects that recognise the need to adapt to the establishment of a new National Care Service and the introduction of Care Boards; an area which the Portfolio Board will continue to monitor closely. The pipeline of future projects will also focus on the best use of the overall investment of the IJB budget, rather

than focussing on annual budget saving proposals.

171. Appropriate resources and governance arrangements are in place to support the Innovation and Sustainability Portfolio and we encourage the IJB to continue developing its pipeline of future projects alongside the Strategic Plan.

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## Appendix 1: Respective responsibilities of the Board and the Auditor

The Code of Audit Practice (2016) sets out the responsibilities of both the Board and the auditor and are detailed below.

### Board responsibilities

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

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

Area	Chief Financial Officer responsibilities
<b>Corporate governance</b>	<p>The Chief Financial Officer is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Those charged with governance should be involved in monitoring these arrangements.</p>
<b>Financial statements.</b>	<p>The Chief Financial Officer has responsibility for:</p> <ul style="list-style-type: none"> <li>• preparing financial statements which give a true and fair view of its financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;</li> <li>• maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support its financial statements and related reports disclosures;</li> <li>• maintaining proper accounting records; and</li> <li>• preparing and publishing, along with the financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that is consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also address the longer term financial sustainability of the IJB.</li> </ul> <p>Management is responsible, with the oversight of those charged with governance, for communicating relevant information to users about the entity and its financial performance, including providing adequate</p>

Area	Chief Financial Officer responsibilities
	disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.
<b>Standards of conduct for prevention and detection of fraud and error</b>	The Chief Financial Officer is responsible for establishing arrangements to prevent and detect fraud, error and irregularities, bribery and corruption and also to ensure that its affairs are managed in accordance with proper standards of conduct.
<b>Financial position</b>	<p>The Chief Financial Officer is responsible for putting in place proper arrangements to ensure the financial position is soundly based having regard to:</p> <ul style="list-style-type: none"> <li>• Such financial monitoring and reporting arrangements as may be specified;</li> <li>• Compliance with statutory financial requirements and achievement of financial targets;</li> <li>• Balances and reserves, including strategies about levels and their future use;</li> <li>• Plans to deal with uncertainty in the medium and long term; and</li> <li>• The impact of planned future policies and foreseeable developments on the financial position.</li> </ul>
<b>Best value</b>	The Chief Financial Officer has a specific responsibility to ensure that arrangements have been made to secure best value. They are responsible for ensuring that these matters are given due priority and resources, and that proper procedures are established and operate satisfactorily.

## Auditor responsibilities

Auditor responsibilities are derived from statute, the Code of Audit Practice, International Standards on Auditing (UK), professional requirements and best practice. These are to:

- undertake statutory duties, and comply with professional engagement and ethical standards;
- provide an opinion on the financial statements and the regularity of transactions;
- review and report on, as appropriate, other information such as annual governance statements, management commentaries and remuneration reports;
- notify the Auditor General when circumstances indicate that a statutory report may be required; and
- demonstrate compliance with the wider scope of public audit.

### Wider scope audit

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

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

## Best Value

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

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

## Independence

In accordance with our profession's ethical guidance and further to our External Audit Annual Plan issued confirming audit arrangements there are no further matters to bring to your attention in relation to our integrity, objectivity and independence.

We confirm that Azets Audit Services and the engagement team complied with the FRC's Ethical Standard. We confirm that all threats to our independence have been properly addressed through appropriate safeguards and that we are independent and able to express an objective opinion on the financial statements.

### Audit and non-audit fees

The total fees charged to the IJB for the provision of services in 2021/22 (with prior year comparators) is as follows:

	Current year	Prior year
	£	£
Audit of the Edinburgh Integration Joint Board (Auditor remuneration)	21,175	21,112
<b>Total audit</b>	<b>21,175</b>	<b>21,112</b>
Non-audit services	-	-
<b>Total fees</b>	<b>21,175</b>	<b>21,112</b>

The FRC's Ethical Standard stipulates that where an auditor undertakes non audit work, appropriate safeguards must be applied to reduce or eliminate any threats to independence. No non-audit services were provided to the IJB.

### Audit quality

The Auditor General and the Accounts Commission require assurance on the quality of public audit in Scotland through comprehensive audit quality arrangements that apply to all audit work and providers. The audit quality arrangements recognise the importance of audit quality to the Auditor General and the Accounts Commission and provide regular reporting on audit quality and performance.

Audit Scotland maintains and delivers an [Audit Quality Framework](#).

The most recent audit quality report which covers our work at the IJB since appointment can be found at <https://www.audit-scotland.gov.uk/publications/quality-of-public-audit-in-scotland-annual-report-202122>

## Appendix 2: Adjusted and unadjusted errors identified during the audit

### Adjusted misstatements

No	Detail	Assets	Liabilities	Reserves	SoCNE
Details of unadjusted audit differences		Dr / (Cr)	Dr / (Cr)	Dr / (Cr)	Dr / (Cr)
		£	£	£	£
1.	Reversal of manual adjustment to NHS Lothian income and expenditure  Gross Value: £19,359  Net Value: nil		-		
Net impact on (income) / expenditure (£'000)					-

### Unadjusted misstatements

We did not identify any unadjusted audit differences during our audit of the IJB's annual accounts.

### Disclosure amendments

No	Detail
1.	Updates to the Remuneration Report and Annual Governance Statement to reflect the outcome of the May 2022 local government elections and the impact on membership of the IJB and the timing of Board and Committee meetings
2.	Management Commentary - additional disclosure to acknowledge the proposals under the National Care Service (Scotland) Bill
3.	Short Term Debtors - revision of split of debtor balance between partners (includes prior year comparative disclosure change)
4.	NHS Lothian transactions and year end balance - revision of split of income received from partners to reflect the NHS Lothian movement in reserves (prior year comparative disclosure changes) and updates to segmental reporting.

## Appendix 3: Follow up of prior year recommendations

We have followed up on progress in implementing actions raised in the prior years. The table below summarises progress made by the IJB in implementing these actions.

### Delivery of external audit actions – action raised 2020/21

**Recommendation** The Audit and Assurance Committee should receive regular updates on progress made in addressing external audit recommendations.

Rating	Other Observation	Implementation date	Initial: Spring 2022
			Revised: Spring 2023

<b>Ongoing</b>	<p>Item included for consideration at the June 2022 Audit and Assurance Committee meeting as per the Annual Cycle of Business. However, the meeting was cancelled following delays in finalising the composition of the committee after the May 2022 local government elections. Management continue to reflect on which meeting this item should subsequently be brought to.</p> <p><b>Revised implementation date: Spring 2023</b></p>
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**Medium term financial plan- action raised in 2016/17**

**Recommendation** The IJB should develop a Medium Term Financial Plan to support the delivery of the vision and priorities within the updated Strategic Plan for 2019-22.

<b>Rating</b>	<b>Significant deficiency</b>	<b>Implementation date</b>	Initial: December 2017  Revised: March 2023
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<b>Ongoing</b>	<p>The Board has not yet developed a medium term financial strategy. Work is ongoing by the Chief Financial Officer to develop medium term financial plans to support the development of a strategy Management now intend to complete this exercise by late 2022. The IJB have recognised that the process of integrating the financial plans into the formation of a medium term financial strategy will be completed at a later date with no timescale confirmed at present.</p> <p>The IJB should develop a medium-term financial strategy in 2022/23 as an area of priority.</p> <p><b>Revised implementation date: March 2023</b></p>
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**Recovery Plan - action raised in 2017/18**

**Recommendation** The Board should ensure that action plans to deliver improvement actions are;

- Reported on a regular basis, using succinct format which include a clear assessment of progress against actions
- Framed in SMART terms

**Rating**

**Significant deficiency**

**Implementation date**

Initial: January 2019

Revised: March 2023

**Ongoing**

Regular reporting on the Transformation Programme to both the Transformation Portfolio Board and Strategic Planning Group outlines progress against key milestones for each of the seven phase one projects. The programme is due to transition to the Innovation and Sustainability Programme.

Whilst the reporting considered progress and significant risks to progress, it did not consider the impact completed actions have had on performance. As noted against action 4, work is still on going to develop a suite of performance measures that better reflect progress against strategic priorities as part of the development of the IJB's Performance Framework.

**Revised implementation date: March 2023**



**Performance- action raised in 2016/17**

**Recommendation** To enable the IJB to report progress against both the national outcomes and its own strategic priorities, it should ensure sufficient performance measures are clearly attributed to each strategic priority. The Board should work with partners to ensure that sufficient financial and leadership capacity is available to deliver sustained improvement

<b>Rating</b>	<b>Significant deficiency</b>	<b>Implementation date</b>	Initial: December 2017  Latest:
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<b>Ongoing</b>	<p>A number of areas showed poor performance in 2021/22 and the IJB is continuing to work with partners to support the delivery of sustainable improvement.</p> <p>We noted that performance reports include a significant level of detail and would benefit from the inclusion of a performance scorecard that summarises for achievement and trends for each indicator.</p> <p>Management have committed to producing a draft of the Performance Framework by October 2022. The revised deadline is attributed to timing of the strategic planning cycle where the performance framework timescales are now aligned with development of the new Strategic Plan for 2022-2025.</p> <p><b>Revised implementation date: March 2023</b></p>
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**Workforce planning- action raised in 2016/17**

**Recommendation** To IJB should develop an integrated workforce plan for the city.

<b>Rating</b>	<b>Significant deficiency</b>	<b>Implementation date</b>	Initial: December 2018  Latest: December 2021
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<b>Complete</b>	The IJB's workforce strategy 'Working Together' was approved by the Board in February 2022. In addition, the IJB submitted a workforce plan in line with the Scottish Government deadline of March 2022.
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Azets Audit Services  
Exchange Place 3  
Semple Street  
Edinburgh  
EH3 8BL

27<sup>th</sup> September 2022

## Edinburgh Integration Joint Board

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as I consider necessary in connection with your audit of Edinburgh Integration Joint Board's (the IJB's) annual accounts for the period ended 31 March 2022. These enquiries have included inspection of supporting documentation where appropriate and are sufficient to satisfy myself that I can make each of the following representations. All representations are made to the best of my knowledge and belief.

### GENERAL

1. I have fulfilled my responsibilities for preparing financial statements in accordance with applicable law and International Financial Reporting Standards as adopted by the United Kingdom, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code), for being satisfied that they give a true and fair view, and for making accurate representations to you.
2. All the transactions undertaken by the IJB have been properly reflected and recorded in the accounting records.
3. All the accounting records have been made available to you for the purpose of your audit. I have provided you with unrestricted access to all appropriate persons within the IJB, and with all other records and related information requested, including minutes of all committee meetings.

### ADJUSTMENTS & DISCLOSURES

4. The financial statements are free of material misstatements, including omissions.
5. The effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole.

**Judith Proctor**  
Chief Officer  
Edinburgh Integration Joint Board  
Waverley Court  
4 East Market Street  
EDINBURGH  
EH8 8BG

6. I have reviewed and approved all disclosures made in the financial statements and I am not aware of any other matters which require disclosure in order to comply with the requirements of International Financial Reporting Standards as adopted by the United Kingdom, and as interpreted and adapted by the 2021/22 Code.

#### **INTERNAL CONTROL AND FRAUD**

7. I acknowledge my responsibility for the design, implementation and maintenance of internal control systems to prevent and detect fraud and error. I have disclosed to you the results of my risk assessment that the financial statements may be misstated as a result of fraud.
8. I have disclosed to you all instances of known or suspected fraud affecting the IJB involving management, employees who have a significant role in internal control or others that could have a material effect on the financial statements.
9. I have also disclosed to you all information in relation to allegations of fraud or suspected fraud affecting the IJB's financial statements communicated by current or former employees, analysts, regulators or others.
10. I have disclosed to you any significant changes in the IJB's processes, controls, policies and procedures that I deem necessary to address the likely effects of the Covid-19 pandemic on the IJB's system of internal controls.

#### **ASSETS AND LIABILITIES**

11. All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.
12. The IJB has no plans or intentions that may materially alter the carrying value and, where relevant, the fair value measurements or classification of assets and liabilities reflected in the financial statements.
13. I confirm that all bank accounts have been disclosed to you and are included within the financial statements.
14. I confirm that the IJB has not contracted for any capital expenditure other than as disclosed in the financial statements.

#### **ACCOUNTING ESTIMATES**

15. The methods, data and significant assumptions used by the IJB in making accounting estimates, and their related disclosures, are appropriate to achieve recognition, measurement and disclosure that is reasonable in the context of the applicable financial reporting framework.

#### **LEGAL CLAIMS**

16. I have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for and disclosed in the financial statements.

#### **LAWS AND REGULATIONS**

17. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements and disclosures, including non-compliance matters:
  - a. Involving financial impropriety;

- b. Related to laws or regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements;
- c. Related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the IJB's business, its ability to continue in business, or to avoid material penalties; and
- d. Involving management, or employees who have significant roles in internal control, or others.

18. I am unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements, and there have been no communications from regulatory agencies, Scottish Government or Scottish Ministers concerning investigations or allegations of non-compliance, other than those already disclosed.

### **RELATED PARTIES**

19. Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. I have disclosed to you all relevant information concerning such relationships and transactions and I confirm that such information is complete. I am not aware of any other matters which require disclosure in order to comply with the requirements of applicable law or accounting standards.

### **SUBSEQUENT EVENTS**

20. All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

### **GOING CONCERN**

21. I believe that the IJB's annual accounts should be prepared on a going concern basis on the grounds that sufficient funding has been made available to the IJB to support the anticipated continuation of the provision of services.

22. I also confirm our plans for future action(s) required to enable the IJB to continue as a going concern are feasible.

23. I have considered a period of twelve months from the date of approval of the financial statements. I believe that no further disclosures relating to the IJB's ability to continue as a going concern need to be made in the financial statements.

24. The implications of the Covid-19 pandemic continue to create uncertainty and it is therefore difficult to evaluate the likely effect on the IJB's activities and the wider economy. My assessment at the date of approval of these accounts is that the pandemic does not create a material uncertainty related to going concern.

### **DISCLOSURE OF INFORMATION TO THE AUDITOR**

25. I acknowledge my legal responsibilities regarding disclosure of information to you as auditor and confirm that so far as I am aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware.

26. I have taken all the steps that I ought to have taken in order to make myself aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully

**Moira Pringle**  
Chief Financial Officer

Date: 27



# REPORT

## Internal Audit Annual Opinion 2021/22

### IJB Audit and Assurance Committee

19 August 2022

<b>Some improvement required</b>	<p>Whilst some control weaknesses were identified, in the design and / or effectiveness of the control environment and / or governance and risk management frameworks, they provide reasonable assurance that risks are being managed, and the EIJB's objectives should be achieved.</p>
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<b>Executive Summary</b>	<p>The purpose of this report is to present the Edinburgh Integration Joint Board (EIJB) Audit and Assurance Committee with Internal Audit's (IA's) annual opinion for the EIJB for the year ended 31 March 2022.</p> <p>Internal Audit (IA) considers that some improvement is required to the EIJB control environment and governance and risk management frameworks and is reporting an 'amber' rated opinion (see <a href="#">Appendix 1</a>), with our assessment towards the lower end of this category, moving towards the green (effective) category.</p> <p>This opinion reflects an improvement on the 2020/21 IA annual opinion outcome, which was also amber, with our assessment towards the top, moving towards the red (significant improvement required) category.</p> <p>Our opinion is based on the outcomes of the three audits completed as part of the 2021/22 EIJB IA annual plan and the status of open EIJB IA findings as at 31 March 2022; and is also informed by the outcomes of relevant Partnership audits performed by the City of Edinburgh Council (the Council) and NHS Lothian (NHSL), and the status of any open and overdue Partnership IA findings.</p> <p>This report is a component part of the annual assurance provided to the EIJB, as there are a number of additional assurance sources that the Committee should consider when forming their own view on the design and effectiveness of the control environment and governance and risk management frameworks.</p>
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	This report is prepared in line with the requirements detailed in the Public Sector Internal Audit Standards (PSIAS) and is subject to the inherent limitations of IA (covering both the control environment and the assurance provided over controls) as set out in <a href="#">Appendix 5</a> .
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<b>Recommendations</b>	<p>It is recommended that the Audit and Assurance Committee:</p> <ol style="list-style-type: none"> <li>notes the final ‘amber’ rated IA opinion for the year ended 31 March 2022, and the improvement in comparison to prior years.</li> <li>reviews and scrutinises the outcomes of the audit of ‘Risk Management and Board Rotation &amp; Induction’ audit completed in April 2022 to support the annual opinion (Appendix 9).</li> </ol>
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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

- The report was discussed with the EIJB’s Chief Officer and Chief Finance Officer.
- EIJB Audit and Assurance Committee.

## Main Report

### Background

- The objective of IA is to provide a high-quality independent audit service to the EIJB in accordance with PSIAS requirements, that provides assurance over the control environment established to manage the EIJB’s key risks, and their overall governance and risk management frameworks.
- The PSIAS provide a coherent and consistent IA framework for public sector organisations. Adoption of the PSIAS is mandatory for IA teams within UK public sector organisations, and PSIAS require annual reporting on conformance.
- IA assurance is provided to the EIJB by its two partners, the Council and NHSL, with a total of four audits usually completed annually (three by the Council and one by NHSL). In 2021/22 three audits were completed by the Council reflecting the ongoing impacts of the Covid-19 pandemic.

6. The role of Chief Internal Auditor for the EIJB is performed by the Council's Chief Internal Auditor.
7. NHSL applies a different classification for their assurance outcomes and IA findings in comparison to the Council. Details of these classifications and their alignment with Council classifications are included at Appendices [1](#) and [2](#).
8. It is the responsibility of the Chief Internal Auditor to provide an independent and objective annual opinion on the adequacy and effectiveness of the EIJB's control environment and governance and risk management frameworks in line with PSIAS requirements. The opinion is provided to the EIJB Audit and Assurance Committee and should be used to inform the EIJB Annual Governance Statement.
9. The 2021/22 EIJB IA plan included three audits and was approved by the EIJB Audit and Assurance Committee in June 2021. The plan was prepared based the EIJB risk register as at January 2021, that included a total of 12 inherent or original (pre-controls) risks (Very High (1); High (6); Medium (3) and Low (2)) where audit assurance could be provided.
10. Where control weaknesses are identified, IA findings are raised, and management agree recommendations to address the gaps identified. However, it is the responsibility of management to address and rectify control weaknesses via timely implementation of the agreed management actions.
11. The IA definition of an overdue finding is any finding where all agreed management actions have not been implemented by the final date agreed by management and recorded in IA reports.
12. Progress towards closure of both EIJB and Partnership IA findings is monitored by the Partnership's Executive Management Team. Open and overdue findings for the EIJB are reported to the EIJB Audit and Assurance Committee, and Partnership findings raised on adult social care services are subject to ongoing review and scrutiny by the Council's Governance, Risk and Best Value Committee.
13. Internal Audit is not the only source of assurance provided to the EIJB as there are a number of additional assurance sources including: external audit, regulators, and inspectorates, that the Committee should equally consider when forming their view on the design and effectiveness of the EIJB's control environment, governance, and risk management arrangements.

### **Basis of Opinion**

14. Our opinion is based on the outcomes of:

- a. the three audits included in the 2021/22 EIJB Internal Audit annual plan, and the status of EIJB open and overdue IA findings as at 31 March 2022;
- b. the outcomes of relevant Partnership audits completed by the Council and the status of relevant Health and Social Care partnership open and overdue IA findings owned by the Council as at 31 March 2022; and
- c. the outcomes of relevant NHSL audits, and the status of relevant NHSL open and overdue findings as at 9 March 2022.

### Internal Audit 2021/22 Annual Opinion

15. IA considers that some improvement is required to the EIJB control environment and governance and risk management frameworks and is reporting an 'amber' rated opinion (see [Appendix 1](#)), with our assessment towards the lower end of this category, moving towards the green (effective) category.
16. This opinion is an improvement on the outcome reported for the 2020/21 financial year, which was also amber, with our assessment towards the top, moving towards the red (significant improvement required) category.
17. This positive movement in the IA annual opinion is attributable to:
  - alignment in EIJB audit report outcomes for 2021/22 and 2020/21, with no high rated findings raised. The proportion of EIJB medium and low rated findings raised in 2021/22 is also broadly aligned with 2020/21.
  - significant improvement in the EIJB overdue IA findings in 2021/22 in comparison to prior years. This focus on addressing historic control weaknesses has significantly contributed to the improvement in the overall IA annual opinion.
  - combined EIJB and Partnership audit report outcomes that are broadly aligned with 2020/21, with no critical findings raised, and a reduction in the total proportion of high rated findings raised.
  - significant improvement in the combined overdue findings profile for the EIJB and Partnership in comparison to prior years. NHSL information has been provided and included in these totals for the first time, the NHSL overdue findings profile is lower than the Partnership's position as at 31 March 2022.

Further detail is included below and at Appendices [3](#), [4](#), [6](#) and [7](#).

18. The Partnership is currently designing its Governance and Assurance Model assurance in alignment with the planned Council model, which includes additional resources to further enhance ongoing Partnership assurance activities. Whilst designed for the Partnership, implementation of the model should also provide additional assurance for the EIJB.

### EIJB Audit Outcomes

19. Completion of the three EIJB audits included in the 2021/22 EIJB IA annual plan, and ongoing follow-up on findings raised in previously completed audits provided assurance over all of the EIJB's auditable 'Very High' and 'High' rated risks included in the EIJB risk register as at January 2021.
20. One of three completed EIJB audits (Risk Management, Board Rotation & Induction) had an overall significant assurance / effective (green) outcome, whilst the Delivery of EIJB Legislative and Statutory Requirements audit and the EIJB Strategic Implications of Covid-19 Lessons Learned audits had overall 'some improvement required' (amber) outcomes. A total of 7 IA findings (6 Medium and 1 Low) were raised from these reviews. Further detail is included at [Appendix 3, table 2](#).
21. The final Risk Management and Board Rotation & Induction report is included for review and scrutiny at Appendix 8.
22. Audit reports detailing the outcomes of the EIJB Strategic Implications of Covid-19 Lessons Learned report and the Delivery of EIJB legislative and statutory requirements reviews were presented to the Committee in November 2021 and February 2022 respectively for review and scrutiny.

### City of Edinburgh Council Audit Outcomes

23. A total of 12 Council audits have been identified that may be of interest to the EIJB Audit and Risk Committee. Of these, 10 include control gaps that could have a direct impact on core IJB activities; and 2 include control gaps that could have an impact on ancillary IJB activities.
24. An overall report assessment of 'significant improvement required' (red) was the outcome for 3 audits, with a 'some improvement required' (amber) outcome for 6 audits and an 'effective' (green) assessment for the remaining 3.
25. A total of 29 Internal Audit findings for the Council reports (24% High; 55% Medium; and 21% Low) were raised. Details of the relevant Council audits are included at [Appendix 3, table 3](#).

### NHS Lothian Audit Outcomes

26. A total of 9 NHSL audits have been identified that may be of interest to the EIJB Audit and Risk Committee. Of these 7 include control gaps that could have a direct impact on core IJB activities; and 2 include control gaps that could have an impact on ancillary IJB activities.
27. Two audits have an overall report assessment of 'limited assurance' (amber); four 'moderate assurance' (yellow); and three 'significant assurance' (green). These are the

equivalent of two red; four amber; and three green outcomes in line with the established EIJB and Council audit methodology.

28. A total of 26 Internal Audit findings (15% High; 46% Medium; and 39% Low) were raised across the 9 NHSL audits. Published reports are available on the [NHSL website](#), and further details are included at [Appendix 3, table 4](#).
29. A summary of the outcomes of the EIJB audits and audits performed by the Council and NHS Lothian that may be of interest to the EIJB are included at [Appendix 3, table 2](#).

### Status of Internal Audit Findings

30. As at 31 March 2022:
- the EIJB had a total of 18 open Internal Audit findings (3 High; 14 Medium and 1 Low). Of the 18 open findings, 6 (33%) were overdue (3 High and 3 Medium) as at 31 March 2022, with 5 overdue findings (3 high and 2 medium) more than one year old.
  - the Health and Social Care Partnership (the Partnership) was also working towards closure of 9 open Internal Audit findings (5 High and 4 Medium) that were raised from relevant Council IA reviews. Of these open findings 4 (44%) comprising 2 High and 2 Medium rated findings were overdue. One Medium overdue finding is more than one year old.
  - NHSL had a total of 25 open actions (4 High; 16 Medium; 5 Low). A total of 6 actions were overdue, one of which (1 Medium) is related to the EIJB and is more than one year old.
31. Details on the status of open and overdue Internal Audit findings for the EIJB and the Council is included at [Appendix 4](#).
32. A total of 10 agreed management actions were risk accepted by Partnership management between 1 April 2021 and 31 March 2022. Of these, 6 were EIJB management actions (1 High; 4 Medium; 1 Low). This included the remaining High rated historic unimplemented finding for the EIJB relating to quality assurance of personal support plans which was partially implemented with the residual risk accepted. The residual risk that was accepted will be addressed through the planned implementation of the Three Conversations Model in early 2023.
33. The remaining 4 risk acceptances (4 medium) relate to management actions raised for Partnership audits. All 4 actions were partially risk accepted with action taken by the Partnership to reduce the associated risks validated by Internal Audit. The residual risks relate to changes in Partnership operations since the audits were complete and ongoing mitigating actions are in place.
34. No agreed management actions raised by NHSL were risk accepted by management during 2021/22.

35. An EIJB/Partnership risk acceptance register has now been established and will be reviewed by management every six months to confirm that the level of risk accepted remains aligned management’s risk appetite (informal).

#### Comparison with Prior Year – Audit Outcomes

36. The 2021/22 EIJB amber ‘some improvement required’ annual opinion assessment remains aligned with the outcome reported for the 2020/21 financial year, with a positive movement from the higher end of this category (towards red (significant improvement required)) to the lower end (towards the green (effective)) category.
37. This opinion outcome recognises a stable trend in the outcomes of the three EIJB audits completed in 2021/22 (1 green and 2 amber), which remains the same as 2019/20, and reflects improvement in comparison to 2018/19 (2 red and 1 amber). Additionally, no High rated audit findings have been raised in EIJB reviews in the last three years. Further detail is included at [Appendix 3, table 2](#).
38. Both the Council and NHSL have completed fewer audits in 2021/22 in comparison to prior years, mainly due to the ongoing impacts of Covid-19 on both organisations.
39. The proportion of Council audit reports that could potentially impact the EIJB (either directly or indirectly) assessed overall as ‘significant improvement required’ (red) is 25% which reflects a slight increase in comparison to 2020/21 (19%), and an improvement in comparison to 2019/20 (44%).
40. The proportion of high rated findings raised in relevant Council audit reports in 2021/22 has also increased slightly to 24% in comparison to 2020/21 (19%), but does reflect an improved position in comparison to 2018/19 (33%). Further detail is included at Appendix 3, table 3.
41. For NHSL, 9 completed audits have been identified as being of interest to the EIJB. Of these, 22% have been assessed as ‘limited assurance’ (red), reflecting an improved position in comparison to 2020/21 (25%) and an increase in comparison to 2019/20 (18%).
42. No critical findings were raised in 2021/22 NHSL audit reports compared with 6% in 2020/21, and the number of high rated findings has also reduced from 44% in 2020/21 to 15% in 2021/22. Further detail is included at [Appendix 3, table 4](#).

#### Comparison with Prior Year – Overdue Findings

43. The improvement in the total proportion of overdue IA findings as at 31 March 2022 for the EIJB and relevant findings for the Council has significantly contributed to the improvement in the overall IA annual opinion. Key points to note are that:

- The EIJB position (33%) is a significant reduction in comparison to 2020/21 (82%); and 2019/20 (55%). This is supported by a reduction in the total number of high rated overdue findings during the year.
- The Council's year end position (44%) demonstrates a similar improvement with 82% of open findings relevant to the EIJB overdue in 2020/21 and 83% in 2019/20.
- A decreasing trend in the proportion of relevant High rated Council overdue findings is also evident (2021/22: 40%; 2020/21: 57%; and 2019/20: 83%).
- The proportion of NHSL overdue findings impacting the EIJB as at March 2022 is significantly lower than both the EIJB and Council position at 4%. Additionally, NHSL had no high rated overdue findings.
- A comparison with NHSL findings for prior years is not possible as this data was first provided to support the 2021/22 annual opinion.

44. Further detail is included at [Appendix 4](#), and appendices 6 and 7.

#### **Internal Audit Independence**

45. PSIAS require that Internal Audit must be independent and internal auditors must be objective in performing their work. To ensure conformance with these requirements, both the Council and NHSL Internal Audit teams have established processes to ensure that both team and personal independence is consistently maintained and that any potential conflicts of interest are effectively managed.

46. Neither the Council or the NHSL audit teams consider that we have faced any significant threats to our independence during 2022/22, nor do we consider that we have faced any inappropriate scope or resource limitations when completing our work.

47. IA independence for NHS Lothian will be confirmed in the 2021/22 Internal Audit Annual Report and Opinion due to be presented to the NHS Lothian Audit and Risk Committee on 22 August 2022.

48. IA independence for the Council will be confirmed in the City of Edinburgh Council Internal Audit Opinion and Annual Report for the Year Ended 31 March 2022 due to be presented at the Governance Risk and Best Value committee on 23 August 2022.

#### **Conformance with Public Sector Internal Audit Standards**

49. Both the City of Edinburgh Council and NHSL IA teams have fully conformed with PSIAS requirements during 2021/22 as detailed in the annual opinions due to be provided to the Council's Governance, Risk, and Best Value Committee and the NHSL Audit and Risk Committees in August 2022.

50. An external quality assessment has recently been completed by the Institute of Internal Auditors for the Council IA team that also confirms conformance with PSIAS

requirements. The report is currently being finalised and will then be presented to the Councils' Governance, Risk and Best Value Committee.

## Implications for Edinburgh Integration Joint Board

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### Financial

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

### Legal / risk implications

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

### Equality and integrated impact assessment

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

### Environment and sustainability impacts

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

### Quality of care

55. There are no direct quality of care impacts associated with this report.

## Consultation

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56. The scope of the IA plan that forms the basis of the annual opinion is derived from the EIJB risk register. In preparing the risk register, the Risk function consulted widely with EIJB senior management from the Integration Board, NHS Lothian and the City of Edinburgh Council. The Risk register also includes input from members of the Board and the Board's Audit Committee

57. The IA annual opinion has also been discussed agreed with EIJB senior management.

## Report Author

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**Lesley Newdall**

**Chief Internal Auditor**

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## Background Reports

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1. [Public Sector Internal Audit Standards](#)

## Appendices

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Available on request have been removed for the sake of brevity

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## REPORT

### Annual Performance Report 2021/22

Edinburgh Integration Joint Board

27 September 2022

<b>Executive Summary</b>	<ol style="list-style-type: none"><li>1. The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with the final draft of the EIJB Annual Performance Report 2021/22 (APR) for approval.</li><li>2. On 2 March 2022, the Performance and Delivery Committee (P&amp;D) agreed the content for the APR for 2021/22, which reflected the structure and content of the previous APR. This structure allowed for key messages on our response to the pandemic, progress against the priorities in our strategic plan, and performance against the national indicators.</li><li>3. The APR was presented to the P&amp;D at their committee meeting on 14 September 2022. The P&amp;D has new membership and many of the new members had not been involved in the processing of the APR to this point. P&amp;D felt that it had insufficient time to fully scrutinise the APR prior to submission to the EIJB.</li><li>4. Following approval by the EIJB, the APR will be submitted to the Scottish Government and published on our website by 31 October 2022.</li></ol>
<b>Recommendations</b>	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"><li>1. Approves the final draft of the APR 2021/22 at appendix 1.</li><li>2. Notes that the APR will be published on our website by no later than 31 October 2022.</li></ol>

## Directions

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

## Report Circulation

1. The APR 2021/22 was presented to the EMT in August 2022 and then to the P&D as the lead Committee for performance issues on 14 September 2022.

## Main Report

2. Integrated Joint Boards are required by legislation to produce an APR each year covering performance over the previous financial year.
3. The APR provides an opportunity for us to set out our story of overall performance over the last year and how we work to improve health and social care in Edinburgh. It covers significant pieces of work we have progressed over the last year as well as key performance indicators.

## Content

4. Given the continuing disruption over the last year, the APR still has a focus on the ongoing impact of the pandemic. This highlights the continuing exceptional work of our staff and the pressures we have continued to face as services have remobilised following the pandemic.
5. The report then provides a summary of progress against key projects undertaken over the last year under each of the EIJB's strategic priorities. This includes details of our key transformation projects as well as any information we are required to include in the report, including financial information and inspections by the Care Inspectorate.
6. There is a dedicated section in the APR on our performance against the Core Indicators and Ministerial Strategic Group (MSG) indicators that the EIJB is required to report on. In line with guidance from PHS Scotland, we report data for indicators 12, 13, 14, 15 and 16 for the calendar year 2021 as a proxy for 2021/22, as data for the full financial year is incomplete and, in some cases, misleading. However, previous years use financial years as normal.

7. Information for indicator 20 will not be published beyond 2019/20 as detailed cost information was not available during the COVID-19 pandemic.
8. Almost all these figures have been affected substantially by the pandemic and therefore we need to be cautious about comparing figures between years. The report notes where we have been able to identify factors that will have influenced the figures over 2021/22 as well as the key projects we have under way that will improve performance against each indicator.
9. Work to develop a performance framework in line with the new Strategic Plan will inform the structure and content of the APR going forward.

### Accessibility

10. In line with the Communications and Engagement Strategy presented to the EIJB on 22 June 2020, we have ensured that the APR aligns with our communication and engagement principles, particularly that it is clear and accessible.
11. Where possible, we have kept language simple and concise to promote understanding and accessibility. While considering the need to present data appropriately, we have also kept tables and graphs to a minimum to support the use of screen readers.
12. In line with accessibility guidance from the UK Government, we will be publishing the APR as a suite of webpages on our website, rather than as a single pdf. This will make sections of the report easier for people to access individually, as well as ensuring accessibility requirements are met.

### Timeline for publication

13. The Scottish Government have advised that the [Coronavirus Scotland Act \(2020\)](#) has been extended to 30 September 2022. Subsequently, Integration Authorities can delay the release of their APR until November 2022 using the same mechanisms as last year and as laid out in [Coronavirus Scotland Act \(2020\), Schedule 6, Part 3](#).
14. We are utilising this provision to delay publication of the APR to the end of October, following approval by the EIJB on 27 September 2022.

## Implications for Edinburgh Integration Joint Board

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### Financial

15. Financial details in relation to performance are included within the report.

### **Legal / risk implications**

16. There are no direct legal or risk implications arising from this report.

### **Equality and integrated impact assessment**

17. As detailed above, the draft APR has been created in line with accessibility requirements to meet the clear and accessible principle in our Communications and Engagement Strategy.

18. There are no direct equality implications arising from this report.

19. An integrated impact assessment is not required.

### **Environment and sustainability impacts**

20. There are no direct environmental or sustainability impacts arising from this report.

### **Quality of care**

21. The report seeks to demonstrate our continued effort to improve the quality of care and experience for the citizens of Edinburgh and where applicable across Lothian.

## **Consultation**

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22. Senior managers have reviewed the sections directly relevant to their areas of work.

23. We are grateful for the case studies received from partners, including grant recipients, of their work over the last year.

## **Report Author**

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**Judith Proctor**  
**Chief Officer, Edinburgh Integration Joint Board**

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## **Appendices**

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Appendix 1      EIJB Annual Performance Report 2021/22

# Edinburgh Integration Joint Board

## Annual Performance Report 2021/22

Note: This document is for drafting and approval purposes only, the final APR will be embedded on our website to ensure we meet accessibility requirements.

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## Foreword

2021/22 has been another challenging year for the health and social care sector throughout Scotland and this has been felt across our services in Edinburgh.

Despite the success of the vaccine rollout, high infection rates and ongoing restrictions meant the COVID-19 pandemic continued to affect our work during 2021/22. System pressures arising from staff shortages, increasing demand from residents with increasingly complex needs, and ongoing difficulties in recruitment made for a demanding year, but our frontline staff once again delivered exceptional services to our most vulnerable residents.

Using additional funding provided by the Scottish Government (SG) to alleviate system pressures, we have taken several measures to respond to these ongoing pressures. A programme of investment was agreed, framed to reflect the priority areas identified by the SG as well as supporting sustainability beyond the immediate crisis. This included investment in interim care beds, initiatives to increase capacity within the care at home sector, and multi-disciplinary team working.

In this Annual Performance Report for 2021/22, we outline our challenges and achievements this year as well as our progress over the last year against the six Strategic Priorities in our Strategic Plan 2019-22, and against the Scottish Government's National Health and Wellbeing Outcomes and associated indicators.

Despite the ongoing impact of the pandemic and system pressures, we continued to deliver on our Transformation programme. The Edinburgh Pact, which redefines our relationship with Edinburgh residents and will influence future policy direction through our Community Mobilisation Programme, was launched in 2021/22. The Edinburgh Wellbeing Pact's 'More Good Days' is resonating across the city creating catalyst for change. The rollout of Three Conversations continues, with teams in all four localities now using the approach, which recognises that people are the experts in their own lives. We also made significant progress with our redesign of bed-based services across the city, and are continuing to implement Home First, which aims to better support people to remain at home or in a homely setting rather than being admitted to hospital.

Overarching it all, our inaugural workforce strategy, '*Working Together*', was approved by the EIJB in February 2022 and aims to ensure that we have skilled and capable staff that can deliver our vision of 'a caring, healthier and safer Edinburgh'.

Trend comparison of our performance remains difficult because of the extraordinary impact of the pandemic but we continued to perform well in some areas of the national indicators (NI) and faced challenges in relation to others. Of the 18 national indicators reported, we are in line with or compare favourably to the Scottish average in ten indicators and are closing the gap in a further four of the indicators. The main area of difference with the Scottish average is for delayed discharges (NI19), which have been affected by the significant issues with social care capacity felt across the country, but particularly acutely in Edinburgh due to the demographics of the city. There was, however, a 12% drop in the rate of emergency readmissions to hospital within 28 days to below 2019/20 levels; and in line with our Home First approach, more adults with intensive care needs received care at home.



As ever, our thanks go to all our staff and partners for their dedication and hard work during the year, and to the unpaid carers that provide vital care and support to our most vulnerable citizens.

Having decided not to stand for re-election at the Council elections in May, Councillor Ricky Henderson was succeeded as Chair of the Integration Joint Board by Councillor Tim Pogson. We thank Ricky for his work as Chair and look forward to working with Tim over the next two years.



Councillor Tim Pogson, Chair  
Edinburgh Integration Joint Board



Judith Proctor, Chief Officer  
Edinburgh Integration Joint Board

## Overview

### Introduction

The Edinburgh Integration Joint Board (EIJB) was established in 2016 to bring together the planning and operational oversight for a range of NHS and Local Authority services. This was intended to improve overall health and wellbeing through the delivery of more efficient and effective health and social care services.

The Edinburgh Health and Social Care Partnership (EHSCP) is responsible for providing integrated services through the operational delivery of the EIJB's strategic plan. Its workforce is made up of staff employed by both the City of Edinburgh Council and NHS Lothian, and our Chief Officer is accountable to the Chief Executives of both the City of Edinburgh Council and NHS Lothian.

This performance report sets out our progress against the strategic priorities and transformation plans within the EIJB Strategic Plan 2019-22, which is available [online](#). The content in this report covers the financial year April 2021 to March 2022 unless otherwise stated.

### About Edinburgh

Edinburgh is one of the largest health and social care partnerships in Scotland, with a population of 526,470 as of July 2021. 81,277 residents were aged 65 or over, with this age group projected to increase the most over the coming years.

Edinburgh is also the wealthiest city in Scotland, with 74.8% of the working age population in employment. 40.8% of the economically inactive population within the city are students.

However, 15% of the population, and as many as a fifth of children, live in relative poverty. This poverty is spread throughout the city, with two thirds of those living in poverty not living in areas described as deprived. The majority of those in poverty are in employment. Our [joint strategic needs assessment \(JSNA\)](#) provides more detail on the population and demographics of Edinburgh.

### Our Localities

We organise our community health and social care services in Edinburgh around four localities: South East, South West, North East and North West. The management of most community health and social care services is carried out in these localities, including assessment and care management, home care, day centres for older people and care homes in Edinburgh.

This allows us to plan and tailor services to the communities we are supporting. Each locality has a hub team that responds to new and urgent work and two cluster care management teams that arrange and review ongoing support. There is also a mental health and substance misuse team in each locality.

## North East

- 123,328 people live in the North East locality<sup>1</sup>
- 50.8% are female and 49.2% are male
- 15.2% are aged under 18, 71.4% are 18-64 and 13.5% are over 65
- 16.5% of the population reside within the 20% most deprived areas of Scotland<sup>1</sup>
- life expectancy at birth is 80.7 years for women and 76 for men<sup>2</sup>
- 34,536 average home care hours per week between January and March 2022
- 1,409 receive home care service
- 18 GP practices<sup>3</sup>

## North West

- 148,576 people live in the North West locality<sup>1</sup>
- 51.8% are female and 48.2% are male
- 19.9% are aged under 18, 62.7% are 18-64 and 17.3% are over 65
- 9.0% of the population reside within the 20% most deprived areas of Scotland<sup>1</sup>
- life expectancy at birth is 83.5 years for women and 79.6 for men<sup>2</sup>
- 25,888 average home care hours per week between January and March 2022
- 1,310 receive home care service
- 18 GP practices<sup>3</sup>

## South East

- 141,041 people live in the South East locality<sup>1</sup>
- 52.1% are female and 47.9% are male
- 13.8% are aged under 18, 72.3% are 18-64 and 13.9% are over 65
- 9.4% of the population reside within the 20% most deprived areas of Scotland<sup>1</sup>
- life expectancy at birth is 82.3 years for women and 78.1 for men<sup>2</sup>
- 25,420 average home care hours per week between January and March 2022
- 1,173 receive home care service
- 19 GP practices<sup>3</sup>

## South West

- 114,675 people live in the South West locality<sup>1</sup>
- 49.8% are female and 50.2% are male
- 17.3% are aged under 18, 67.3% are 18-64 and 15.4% are over 65
- 12.6% of the population reside within the 20% most deprived areas of Scotland<sup>1</sup>
- life expectancy at birth is 83.3 years for women and 79 for men<sup>2</sup>
- 31,141 average home care hours per week between January and March 2022
- 1,224 receive home care service
- 16 GP practices<sup>3</sup>

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<sup>1</sup> [Edinburgh Joint Strategic Needs Assessment](#)

<sup>2</sup> [The Scottish Public Health Observatory \(ScotPHO\)](#)

<sup>3</sup> National Primary Care Clinicians Database (NPCCD), Public Health Scotland

## Key messages from the year

### Continuing pressures felt across Health and Social Care

#### Background to system pressures

2021/22 continued to be a challenging year for the health and social care system as restrictions eased but COVID-19 cases remained high. This resulted in staff shortages, increasing demand from residents with increasingly complex needs, and ongoing difficulties in recruitment. These system pressures were also reflected nationally, and many of these pressures are not new although they have been exacerbated by the EU exit and the COVID-19 pandemic.

Since March 2021, we have seen both an increase in referrals for social care support, and an increasing number of people being assessed as requiring a service. This increase in demand resulted from people being de-conditioned (ie 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' was 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. Decreasing capacity to deliver services resulted from:

- Loss of staff – to other industries and because of the exit from the EU
- Staff sickness absence and COVID-19-related absences
- Long-term challenges with recruitment to the social care sector

Capacity within community care at home remained fragile. Many providers focused their limited resources on the delivery of essential visits only, working with families and carers to ensure that people's care needs were met, yet several providers were unable to cope with their existing care commitments, and alternative care providers were sought. These factors impacted on our ability to meet demand, with increasing waitlists for social care assessment and provision, and an increase in people delayed while awaiting discharge from hospital.

As a result of these pressures being felt across the country, in early November 2021 the Scottish Government (SG) allocated additional funding across Scotland. Using our share of this funding, the EIJB agreed a programme of investment, framed to reflect the priority areas identified by the SG as well as supporting sustainability beyond the immediate crisis.

#### System pressures initiatives

##### *Interim Care*

We were able to reduce delayed discharges by purchasing interim care home beds across Edinburgh for people in hospital waiting for a package of care or a permanent care home place. With informed consent and appropriate support in place this

allowed people to be discharged from hospital to a suitable alternative placement until their longer-term care needs could be met.

There were 121 people moved into a placement by 31 March 2022 and 71 of these had already ended their placement, a 59% turnover. In total, this initiative saved 6,239 bed days in hospital by the end of the financial year and reduced the number of daily delayed discharges by 61 delays at the peak.

Forty-five people submitted feedback surveys on their experience. 96% agreed the transition from hospital to interim care placement was organised and comfortable; 96% felt settled in their placement and that their needs were met; and 82% felt they were kept informed about the progress of a match for their package of care for going home.

### *Enhancing care at home capacity*

We undertook recruitment for our internal homecare service before and after Christmas and will continue to advertise on an ongoing basis to address current vacancies and increase our package of care capacity to meet service demand. Recruitment in this area has proved challenging, particularly as we seek to ensure that our internal recruitment is balanced with the recruitment and retention needs of our external providers.

Additionally, students studying Social Care at Edinburgh College were encouraged to register to work in social care through a student bank service, with five students already engaged in this process. This is a longer-term initiative which should gain traction with time, as it gives students real-life work experience in their chosen field alongside their studies.

Alongside supporting recruitment efforts, we used our One Edinburgh approach to optimise the provision of existing packages of care. A command centre was established and dashboards developed which use regularly updated data to inform service provision improvements. We also reviewed all current provision and unmet need across the city to identify where providers could work collaboratively to achieve greater efficiency in provision, following consultation with service users. A further part of our work to optimise current capacity is through the creation of a dedicated team to review existing packages of care and look for alternative means of providing the support people require to maintain their independence, for example through the support of local community partners or the provision of telecare/community equipment.

### *Multi-disciplinary Team (MDT) Working*

Through working collaboratively with partners, we supported the expansion of a Hospice at Home service by St Columba's, which helped an additional 47 people who require this type of complex care and prevented presentation at acute sites.

The creation of our nurse-led Hospital to Home team also enabled people to be discharged from hospital while waiting for a package of care to start.

## Winter Vaccination Programme 2021

The Edinburgh Winter Vaccination campaign ran from the end of September 2021, with the intense period of delivery lasting until the end of January 2022. Significant progress was also made towards transforming it into a year-round programme.

The initial Edinburgh target population for the Winter Vaccination campaign was 259,820, with the flu uptake target set at 90% for over 65s and 80% for the 50-64 cohort and 'at risk' groups. This resulted in an initial expected uptake of 202,515.

However, the continued growth of the programme for the COVID-19 booster/third dose saw more and more cohorts being invited to receive their vaccination. Pop-up vaccination centres having already emerged across Edinburgh and the Lothians, the opening of the Royal Highland Centre (RHC) and the re-opening of the Edinburgh International Conference Centre (EICC) as a vaccination site in December significantly increased capacity in the system; the RHC alone was able to deliver up to 20,000 vaccinations per week. This increased demand, and the subsequent de-prioritisation of flu vaccination, resulted in the total number of vaccinations administered by the end of January differing hugely from the original target. A total of 504,415 vaccinations were administered at Edinburgh sites in four months; approximately 90% of Edinburgh residents aged 60 years+ took the COVID-19 vaccination, and around 85% of residents aged 70 years+ received the flu vaccination. Vaccinations were also provided across 14 smaller local access clinics at weekends, and first dose COVID-19 vaccinations for 5 - 11 year olds were delivered across the city, at separate venues from the adult campaign.

After the pre-Christmas surge, early 2022 saw a deceleration of the vaccination campaign. By March the programme moved towards a focus on smaller sites; as restrictions lifted, the closure of mass vaccination centres enabled commercial businesses like the EICC to return to business as usual.

The vaccination programme will continue in a business-as-usual capacity; mass vaccination centres have closed, but a workforce of 40 WTE HSCP staff has been recruited to continue the delivery of vaccinations which were previously administered by medical practices. A staff training programme has begun, with support from NHS Lothian Education team, for vaccinators to support Community Treatment and Care (CTAC) services across the city. During periods of reduced demand outwith the spring and winter programmes, registered nurses will also undertake tasks such as phlebotomy and wound management.



## Case Study: David, Volunteer Vaccinator

*'When I saw the job in March 2021 looking for people to join the vaccinator programme, I thought "I could never do that". I still applied, wanting to do something to give back. I was really surprised to get an interview. Even more so to be accepted onto the first cohort of new recruits to train as a vaccinator.*

*I didn't have a clue what I was doing there and thought there was no chance I'd pass the probation and training. But the training was so good, and everyone (trainers, clinicians, colleagues) was incredibly supportive. I was hooked. Learning all about how to vaccinate. Learning about exactly what's in the vaccine. Understanding how disease works in the body, and the innovations of the last few decades that have got us to where we are now in vaccine development. It was all new to me and incredibly fascinating.*

*In May, I found out that I had passed. I felt accomplished and really proud of what we all had achieved. By the time I first put a needle in someone's arm, it didn't feel weird. I remember thinking 'I'm meant to be here. This is what I should be doing'.*

## Transformation progress

Our transformation programme continued into 2021/22. Our transformation programme is a wide-ranging and ambitious programme of change and innovation, aiming to deliver high-quality and sustainable health and social care services for our citizens. The programme has been structured around the Three Conversations model, with three main programmes of work aligned to conversation stages and a further element delivering cross-cutting, enabling change.

The key projects within the transformation programme progressed in 2021-22 are discussed under the most relevant strategic priority:

- Edinburgh Pact and community mobilisation – Prevention and Early Intervention
- Three conversations – Person-Centred Care
- Bed-Based review – Managing our resources effectively
- Home Based Care – Making the best use of the capacity across the system
- Workforce Strategy – Making the best use of the capacity across the system
- Home First – Right Care, Right Place, Right Time

## Strategic Priorities

### Priority 1: Prevention and early intervention

Investing in prevention and early intervention services is a key part of our strategy. By identifying those people most at risk of poor outcomes and providing effective early support we can prevent problems occurring or minimise the impact on the individual's health and wellbeing.

#### The Edinburgh Wellbeing Pact and Community Mobilisation

The Edinburgh Wellbeing Pact is one of the key elements of the existing Edinburgh Integration Joint Board (EIJB) strategic plan. In April 2021, following a period of extensive dialogue with staff, residents, stakeholders and partners across Edinburgh, we successfully made seven recommendations to the EIJB relating to the Edinburgh Wellbeing Pact and how this could be enacted. The Edinburgh Wellbeing Pact is framed around the principles of mutuality and reciprocity, and these remain central to all the enactment activities which have been initiated to date.

As part of our Community Mobilisation project, we are developing a new way to engage and fund the third sector, with emphasis on community collaboration and assets. The work to further develop and accelerate solutions has been taken forward through eight stakeholder events with over 700 people engaged in the process. The Community Mobilisation Plan continues to be an iterative and dynamic process as it needs to reflect current and future context and policy direction. Projects which have received funding under the programme to date include: the Edinburgh Community Resilience Programme; Op Ready; The Community Taskforce Volunteer Programme; The Fit and Active Programme for People with Learning Disabilities; The Enliven Edinburgh – Addressing Loneliness and Isolation Campaign; and the Neighbourhood Recruitment Programme.

#### *Building capacity to collaborate*

In January 2022 organisations were invited to build Capacity to Collaborate; 52 applications were received, which were assessed by a multi-organisation panel focusing on increasing capacity to collaborate, rather than following the more traditional, transactional relationship of being a service provider. The funding available for the proposals was a maximum of £350,000 per annum; the panel recommended that 22 proposals, ranging from £2,075 to £24,075 with a total value of £482,994 over a three year period, should receive funding. These awards will be part of the 'More Good Days' Public Social Partnership which will be further developed in the coming year.

#### Long-term conditions programme

Our long-term conditions programme provides support to health and social care teams to improve care for people living with long-term health conditions and those who are at risk of falls. There is a [Long-Term Conditions Section](#) on our website with information for people living with long term conditions, their families and carers.



## *Supporting people at risk of falls*

During the pandemic, many people became less active, leading to an increased risk of falls. Preventative input is of particular importance as reports highlight the significant increase in falls risk due to this reduced activity and associated deconditioning (Public Health England Report 2021).

We have improved and clarified ways people can:

- access urgent assistance following a fall if uninjured but unable to get up
- participate in an assessment to help identify their risk factors of falling
- access rehabilitation to help maintain or regain their confidence and physical ability following a fall

Many referral routes are now via centralised contact centres which, with the additional increase in the use of technology, have improved efficiency.

We have ensured that consistent information is available across various mediums for the public and health and social care staff to access, including a tool with rapidly available links to assessments, cross-sector referral options and signposting. Care home falls prevention and management documents and guides are being updated to facilitate improved practice, data gathering and training. Training for health and social care practitioners and third sector organisations on falls and available resources has been developed and provided as required.

In partnership with the Red Cross, the Staying Active project is now under way in Leith, aiming to better understand how we identify risks of falls and frailty early, and to offer optimal support with a view to keeping people active and changing future outcomes.

These improvements have enabled more people to access and receive the support they require to manage an acute fall, and to reduce their risk of future falls by addressing preventable risk factors and promoting improvements in physical function and strength.

## *Anticipatory care planning*

A high-quality Anticipatory Care Plan (ACP) shared on a Key Information Summary (KIS) is the most effective way of making sure that the voices of individuals are heard when decisions are being made about their care and treatment. We have taken innovative approaches to ensure everyone involved in a person's care can have a role in discussing future care and treatment preferences and contribute to creating a shared plan. The ACP community bundle and the 7 steps to ACP for care homes are recognised best-practice models, developed by Edinburgh practitioners to deliver an integrated approach to improving outcomes through ACP. We have provided ACP training and improvement support to a range of health and social care teams, and continue to see an upwards trend in the number of ACP-KISs for citizens in Edinburgh, with a 23% increase during 2021/22. During 2021/22, 58,751 ACP-KISs were newly created and in March 2022 a total of 279,177 active ACP-KISs were shared across the integrated system.

*Supporting Self-Management: 'I don't live with my condition, it lives with me.'*

Supporting Self-Management describes the ways in which we aim to support, empower and enable people living with long term conditions to manage their health and wellbeing and live well. The Self-Management Support Worker Service, hosted with [Lothian Centre for Inclusive Living \(LCiL\)](#), has adapted to the challenges of COVID-19 by re-designing the referral and service pathway to increase access for people in most need of support.

Responding to 'what matters to you' conversations with people and their families, the Self-Management Service designed and facilitated two Self-Management workshops. The first, 'Easing Out of Lockdown', helped people develop their own resilience and coping mechanisms to live their lives as fully as possible during the pandemic. The second, 'Understanding Pain & Managing Symptoms', helped participants develop a greater understanding of their pain, how it impacts them and what they might be able to do themselves to help manage their pain.

The Self-Management section of our website includes a new page hosting the [Connect Here community resources](#), providing information and contact details for over 1,400 services, groups and activities to help people find the support that is right for them, connecting with their community and improving their health and wellbeing.

Case Study: Active Steps

Jamie had a range of health conditions due to his size, and he contacted Active Steps as he wanted to lose weight and become more physically active to improve his overall wellbeing, mobility, and confidence.

Jamie had a 1:1 session with an in-depth discussion about his wants and needs and what would be the best path for him. He agreed to attend the online 8 week *Make a Change* course, designed to encourage people to lead a healthier, more active lifestyle by providing them with practical tips and information to encourage them to make the changes they want.

He also agreed to attend weekly supported gym visits at Engage, and after four months his wellbeing had improved in a number of ways. As well as now being in diabetic remission, his general mobility had improved; his pain levels had reduced; his confidence had increased; his mental health had improved; and he felt better able to carry out his role as a carer. The boost that these improvements have given him have also made him more receptive to the counselling he has been receiving.

Although Jamie knows he has a long journey ahead to get to where he ideally would like to be in terms of his weight, he feels he is on the right road and has the right tools to reach his overall destination.

His mother has been so inspired that she too has enrolled in the Active Steps programme and now attends the chair-based exercise class while he attends the gym.

## Digital Support

We have been scaling up the use of remote monitoring to manage blood pressure in line with the Scottish Government priority for 2020-23. Patient recruitment to the Scale Up BP programme, which supports diagnosis and self-care of hypertension, increased between April 2021 and March 2022: over 2000 new patients across 60 Edinburgh GP practices have used Remote Health Pathways to manage their hypertension.

### Case Study: Phonelink

Alec was referred to Phonelink in June 2020 following discharge from hospital. He has a dementia diagnosis, and the year after he had a stroke he was re-admitted to hospital: the post-stroke fatigue caused confusion and he was not medicating correctly. Phonelink offered Alec two calls per day to help him get back on track.

The fatigue also meant he tended to stay at home, but after a few months of calls and taking his medicine correctly, Alec's mood was much improved, and he started getting out in the community on a daily basis. He reported that the calls changed his life for the better and has recently cancelled them; he no longer requires a prompt now his life and routine are back on track, and he knows he can ask for help again should his needs change in the future.

## Prevention of harm

We have a responsibility for adult protection and our Chief Officer sits on the multi-agency Chief Officers Group for Public Protection that is responsible for all areas of public protection across Edinburgh. This group is supported by the Adult Protection Committee.

Between April 2021 and March 2022, there were 1,901 adult protection contacts across the city. 38.8% of these referrals were made by Police Scotland. Around 23% of the contacts were made by other organisations (care homes, care agencies, etc) and 18.3% were initiated by different departments of the City of Edinburgh Council. NHS Lothian was the source for 8.35% of the referrals. Of the 1,901 referrals received during the year further action was taken in nine out of ten cases. Half of them required social work involvement other than Adult Protection.

Just over a quarter of referrals (481) progressed to investigation in the period. Infirmary due to old age was the most common client group for those whose case was being investigated (29.5%), followed by mental health (23.9%). The cases that resulted in an investigation were principally due to neglect (23.9%) and physical harm (23.1%). Of the 481 investigations, seven out of ten resulted in further action.

There were also 797 adult protection case conferences in the year, of which 28% were initial case conferences.

## Priority 2: Tackling inequalities

We have a key role to play in addressing inequality, in particular the health inequalities that represent thousands of unnecessary premature deaths every year in Scotland. The fundamental causes of health inequalities are an unequal distribution of income, power and wealth which can lead to poverty and the marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider social determinants of health, such as the availability of good-quality affordable housing; green space; work, education and learning opportunities; access to services; and social and cultural opportunities. These also have strong links to mental and physical health.

### EIJB Grant Programme 2021/22

2021/22 saw the third year of operation of the EIJB Grant Programme 2019-22 (annual budget of £4.7m) which helps realise two key priorities of the IJB's Strategic Plan - to **tackle inequalities** and promote **prevention and early intervention**.

The ongoing easing and tightening of COVID-19 pandemic restrictions, often at short notice, made it challenging and frustrating for organisations to move forward with their programmes, particularly in relation to re-convening groupwork sessions.

Organisations were however able to build on their experience and learnings from 2020/21 and worked well with the changing restrictions to continue to provide a wide and varied range of much needed services, whilst ensuring a safe and supporting environment.

In general, the return to normality is progressing well with many organisations redesigning their services to incorporate lessons learnt from the pandemic and develop new ways to deliver services to a wider group of service users. The stability and agility of third sector organisations during the pandemic has shown the important contribution the voluntary sector has in sustaining strong and resilient communities across the city. Staff, volunteers and participants have been delighted to see the return of face-to-face classes and activities, although recognise that remote working has its place, and a blended mix of support will continue.

The EIJB Innovation Fund, which is part of wider grant programme, has also progressed well during 2021/22 in what have been very difficult circumstances, with five of the eight pilot projects now complete. These projects have provided important learning for tackling old problems with new collaborative approaches, and have ranged from addressing new ways to support people with dementia to remain safely within community-based settings, to establishing new effective collaborative partnerships between GPs and third sector organisations to address long-term conditions such as chronic pain.

The current grant programme has now been extended by three years to March 2025 to allow third sector organisations to consolidate their services following the pandemic.

## Case Study: Space & Broom Hub

Stewart, 86, has dementia and relies on support from his wife Karen, 75.

During the pandemic, pressures facing care providers resulted in Stewart's care package being reduced to one morning visit. While Karen enjoys supporting her husband, the reduction in support left her feeling depressed, lonely and overwhelmed.

Stewart began attending the centre and Karen was given information about some carer services that were available for her. He settled into the club very quickly and as lockdown restrictions eased, was able to attend morning and afternoon sessions, where he made new friends and took part in a range of activities. Karen was pleased that Stewart enjoyed the club so much, and she found the break invaluable:

*'Those regular few hours to myself each week meant that I could plan time for me, something that I have not been able to do for ever such a long time. I could book some pampering sessions for myself; hair and nails, catch up with my friends for walks and coffee and even lunch. Having that short break to myself has been absolutely fantastic for my mental health and something I have absolutely looked forward to every week; I feel so much better because of it.'*

## Mental Health and Wellbeing (Thrive Edinburgh)

Our mental health and wellbeing strategy, Thrive Edinburgh, sets out the links between underlying societal inequalities and mental health, and our roadmap for improving the support on offer in Edinburgh to promote good mental health and wellbeing for all. Our strategy is built on four pillars: Change the Conversation, Change the Culture; Partner with Communities; Act Early; and Use Data and Evidence to Drive Change.

The *A Place to Live* commissioning process was completed and a Framework Agreement, worth an estimated £11m per annum, is now in place. This is an integrated approach to addressing the need to secure long-term community based supported accommodation for an identified group of people with ongoing complex support needs and who are transitioning from long-term stays in hospital. The new framework will be responsive to the process of bed reduction as rehabilitation beds at the Royal Edinburgh see a reduction from 60 to 36 beds. The whole system commissioning approach will result in responsive, local, and collaborative decision making that crosses over organisational boundaries allowing for innovative practice and a more dynamic way of working. The new contracts bring current provision under a more structured contractual arrangement linked to a common specification and standard terms and conditions.

We are contributing to the Scott Review of mental health law and incapacity legislation, and with the help of people with lived experiences are rolling out our human rights education to our frontline workforce.

At the 2021/22 GO Awards Scotland ceremony for excellence in public procurement, our Thrive Collective procurement process won in two categories: Continuous Improvement, and Health and Wellbeing Recognition.

In early 2022 we began working with the wider workforce, including allied health professionals, art therapists and peer workers, to improve the life opportunities of people diagnosed with personality disorder. An improvement plan is being developed with input from carers and people with lived experience, which will support skills, training, reflective practice, and supervision opportunities.

We have begun our city (e)scaping workstream with key partners, aiming to turn brown space into greenspace and create therapeutic, safe spaces for people to enjoy and participate in. New developments under the City (E)Scaping programme include Access Place, Linburn Walled Garden and Gracemount Community Garden. Part of the Building Resilient Communities Workstream, this work began in March and will continue over the next three years.

Partnership funding has been secured for two additional Thrive Edinburgh PhDs, focusing on poverty and mental health and urban mental health. Following a presentation on Thrive Edinburgh we have now been invited to join the iCircle Cities Urban Mental Health Network, a member group of the International Mental Health Leadership programme.

Our current Thrive Edinburgh adult health and social care commissioning plan is now coming to an end, and this has given us the opportunity to Renew, Refresh and Reimagine our strategic priorities for 2023-26. An event was held in October 2021 to begin the process, and there will be further dialogue around key priority areas over the coming year.

## Priority 3: Person-centred care

Being person-centred is about focusing care on the needs of the person rather than the needs of the service, and working with people to develop appropriate solutions instead of making decisions for them. Key to this is working with people using health and social care services as equal partners in planning, developing, and monitoring care to make sure it meets their needs and achieves positive outcomes.

### Three Conversations

The rollout of Three Conversations has continued over the last year. This approach focuses on what matters to a person and on working collaboratively with them as experts in their own lives, with staff considering a person's strengths and community networks to achieve positive outcomes. Due to the ongoing pandemic and capacity pressures across the system, rollout timescales have been extended; however, all four localities now have assessment and care management teams using the Three Conversations approach and the rollout to the remaining teams will progress this year. In addition to this, wider services within the partnership, such as Assistive Technology Enabled Care 24 (ATEC-24), have adopted the approach within the last year.

During 2021/22, teams using Three Conversations have had conversations with over 4,900 people. 35% of those who contacted us benefitted from personalised short-term support such as building community connections and providing equipment, advice or information, rather than formal long-term care services being required or increased. In the same period, it has taken on average 11 days from someone contacting Social Care Direct to their conversation starting; a significant reduction from our baseline of 37.3 days for those working in the traditional assessment model during 2018. Recent feedback from staff and people they worked with in the four teams using Three Conversations has been positive, with it being viewed as a very person-centred approach.

#### Case Study: Community Navigator

Beth had been referred by a Community Care Assistant to the Community Navigator for additional support with social isolation and loneliness. Beth is 64, lives with a number of long term physical and mental health conditions, and has very limited mobility. She lives alone in a ground floor flat, but her bathroom is not adapted to her needs and she struggles to navigate the steps to the main staircase.

During a home visit, where the unsuitability of her flat became apparent, it was also discovered that her low income caused her to struggle with her living costs, and that she would need support to access health care services.

As a result of work with Beth and a number of professionals over several months the following outcomes were achieved:



- Applications for welfare benefits and charitable grants were successful, leading to income maximisation, more sustainable money management and financial security
- Beth was made Gold Priority for social housing and is looking to move to a sheltered flat more suited to her needs
- Health services were accessed, including hospital consultations
- Daily phone calls from local voluntary organisation were set up to provide medication prompts and welfare checks; meals are delivered weekly by Cyrenians
- Increased confidence and motivation led to Beth reconnecting with family members, who now provide emotional and occasionally practical support

As a result of this collaboration, Beth has avoided further deterioration of her health conditions and can now remain living independently in the community.

## Care Inspectorate Reviews

We deliver 33 registered adult care services that are subject to inspection by the Care Inspectorate. Due to the impact of the COVID-19 pandemic, inspections are still being carried out less frequently.

The Care Inspectorate developed a new assessment question to meet the duties placed on the Care Inspectorate by the Coronavirus (Scotland) (No. 2) Act, and subsequent guidance that they must evaluate infection prevention and control, and staffing.

Inspection results are graded on a scale from 1 'unsatisfactory' (urgent remedial action required) to 6 'excellent' (outstanding or sector leading), with the grades 3 and 4 being assessed as 'adequate' and 'good' respectively.

During 2021/22, two COVID-19-focused inspections took place. The grade evaluations can be summarised as follows:

Service Name	Date of Inspection	How good is our care and support during the COVID-19 pandemic?	Requirements (COVID-19)	Areas for improvement (COVID-19)
Inch View	11-May-21	4	0	0
Royston Court	8-Feb-22	4	0	0

## Quality Improvement and Assurance in care homes

During the course of the year it was agreed that the Care Home Transformation Group would be disbanded, however a structured work programme for the coming year has been developed, including a plan to standardise the care documentation across the care homes, and the development of person-centred care plans.

Improvement work is ongoing at Royston Court Care Home with continued focus on processes and the sustainability of the implemented changes.



The nursing model will be implemented iteratively in the newer 60 bed care homes, with nursing staff initially recruited to Royston Care Home, followed by Inch View and then Marionville Court. Work is being carried out with staff at all levels to create conditions for change and look at ways in which they will work with registered nurses as part of the team.

An assurance tool has been created and is being used for visits to all our internal homes, which should not only provide assurance but also identify areas for improvement.

Complaints training has been delivered to our care home managers, and a system put in place to monitor all care home complaints, ensuring all actions are followed up and lessons learned are reviewed and shared.

### **Older People's Services Joint Inspection**

During 2021/22, we continued to engage with the Care Inspectorate and Healthcare Improvement Scotland (HIS) (known as the Joint Inspectors), to demonstrate the improvements we have made since the Older People's Services Joint Inspection (May 2017) and Progress review (June 2018).

Following a successful programme of collaborative meetings between staff and inspectors throughout early 2021, we pulled together a self-evaluation statement, setting out the considerable work done to address the 17 recommendations of the original report. Improvements evidenced related to both key strategic transformation projects and business-as-usual services.

The Joint Inspection Team issued its response in November 2021, noting that overall positive progress has been made. The report acknowledges that, since the progress review of 2018, senior leaders in the partnership have driven forward the change agenda and invested resources to progress strategic planning, which had previously lacked vision, direction, and pace. A positive shift has been noted, from a reactionary to a more planned and structured approach.

The Inspection Team noted particular areas of progress, including:

- Significant investment in improving the approach to engagement and consultation with stakeholders
- Developing new approaches to early intervention and prevention
- Developing and implementing the Carer Strategy (2019-2022)
- Improving access to diagnosis of dementia and post-diagnostic support
- Updating the Joint Strategic Needs Assessment, consulting on and implementing the Strategic Plan (2019-2022), and progressing with and investing in the Transformation Programme
- Implementing new approaches to assessment and care management, strengthening support to practitioners, and reducing waiting times for assessment and access to services

The Progress Report of November 2021 marks the end of formal scrutiny in relation to the original inspection and reflects the hard work and commitment of all our staff.

## Priority 4: Managing our resources effectively

In a climate of increasing need for services and continuing pressures on budgets, it is vital that we make best use of available resources.

### Financial management and performance

Financial information is a key element of our governance framework. Each year we produce a financial plan which sets out how we ensure our limited resources are targeted to support delivery of our strategic plan. Our [financial plan for 2021/22](#) was agreed by the board in March 2021.

Regular updates on financial performance against this plan were provided to the Performance and Delivery Committee as well as to the EIJB itself. Included in these reports were details of the financial impact of the pandemic and progress with the savings and recovery programme.

Budget monitoring of delegated functions is carried out by the finance teams in the City of Edinburgh Council and NHS Lothian, reflecting the EIJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash. However, the board needs oversight of the in-year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.

You will find a comparison of costs against the budget for the year summarised in the table below:

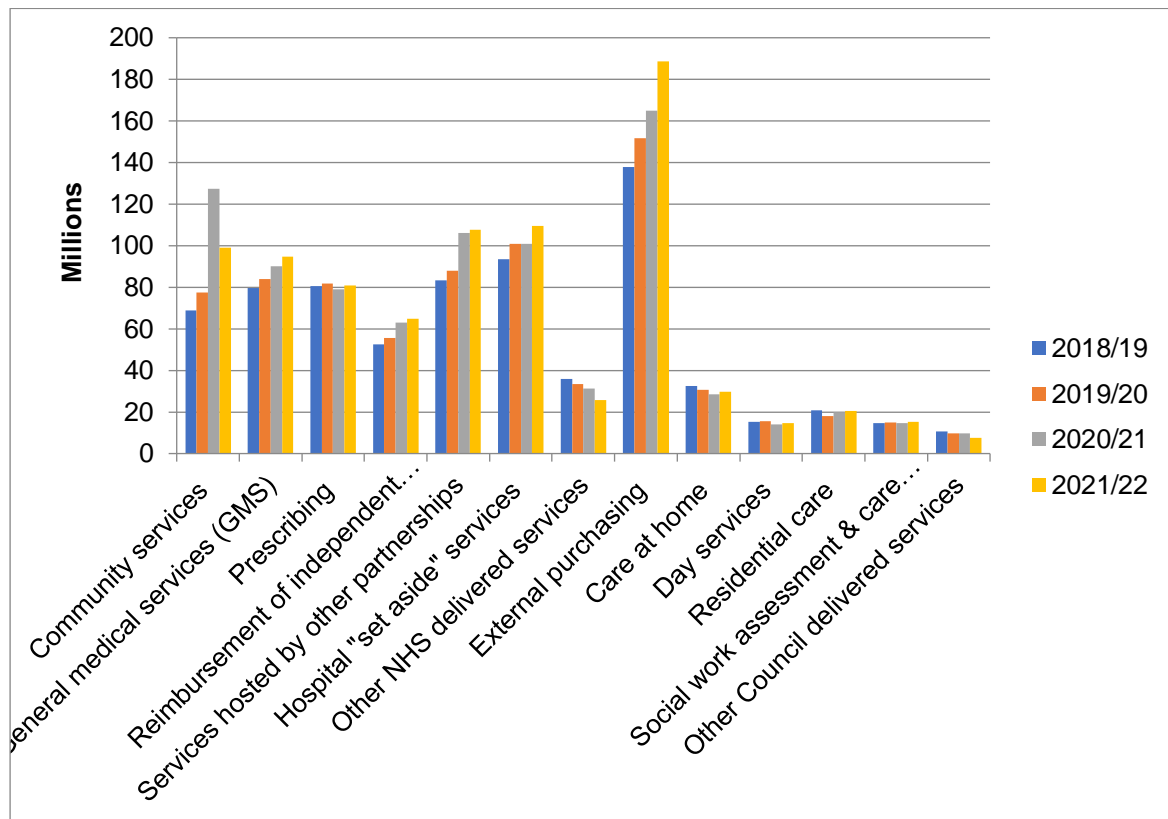
Service	Budget £m	Actual £m	Variance £m
<b>NHS DELIVERED SERVICES</b>			
Community services	101	99	2
General medical services	94	95	(1)
Prescribing	80	81	(1)
Reimbursement of independent contractors	65	65	0
Services hosted by other partnerships/NHS Lothian	109	108	2
Hospital 'set aside' services	109	110	(1)
Other	28	26	2
<b>Sub total NHS</b>	<b>586</b>	<b>582</b>	<b>3</b>
<b>CITY OF EDINBURGH DELIVERED SERVICES</b>			
External purchasing	183	189	(6)
Care at home	31	30	1
Day services	17	15	2
Residential care	22	21	1
Social work assessment and care management	16	15	1
Other	8	8	1
<b>Sub total Council</b>	<b>277</b>	<b>276</b>	<b>0</b>
<b>Net position</b>	<b>862</b>	<b>859</b>	<b>3</b>

Whilst there is no doubt that we will continue to face significant financial pressures, we saw our previous improvements in financial planning and performance sustained during 2021/22 as we delivered a surplus of £3m against the budget for the year. These funds have been transferred to our reserves and will be carried forward to 2022/23 for prioritisation by the board. Interpreting the financial results during a pandemic is not straightforward but it is evident from the table above that we continue to experience pressure in our purchasing budget. In the main this can be attributed to spot purchasing, predominantly care at home/care and support, residential services and direct payments.

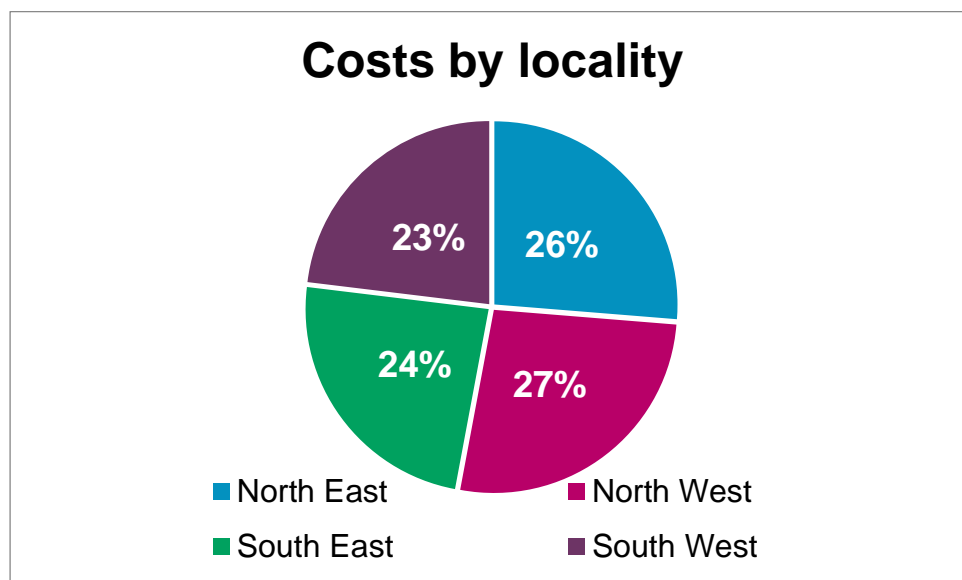
The pandemic clearly had an impact on our finances, and this was closely monitored during the year. We incurred net additional costs of £42m as a direct result of COVID-19. The main categories of associated expenditure being: sustainability payments made to support providers during the pandemic; purchase of additional capacity; additional staffing and reimbursement of independent contractors; increased prescribing costs; delivery of the vaccination programmes and slippage in the delivery of the savings and recovery programme. In line with their commitment, these costs were met in full by the Scottish Government and are summarised below:

NHS	FHS contractor costs	1,822
	Hosted and set aside service costs	3,224
	Other costs	166
	Prescribing	2,008
	Staff costs	2,710
	Vaccination programme	981
	<b>Sub total NHS</b>	<b>10,910</b>
Council	Additional community capacity	1,807
	Loss of income	1,733
	Net unmet savings	10,824
	Other costs	371
	PPE	314
	Safehaven beds	1,127
	Staff costs	598
	Sustainability payments	14,688
	<b>Sub total Council</b>	<b>31,462</b>
<b>Total net additional COVID-19 costs</b>		<b>42,372</b>

The chart below shows costs in key areas for the last four financial years:



Although many of the delegated services are delivered directly in localities, a significant proportion are run on a city-wide basis. Showing how the associated costs are incurred within each locality requires a degree of estimation and assumption. This exercise shows that the cost of services is relatively consistent across the four localities, as shown in the diagram below.



## Bed-based review

The bed-base review is continuing to redesign bed-based services across the city, taking into consideration demand and capacity to ensure provision of sustainable bed-based services. The project covers a range of bed-based services including medically led beds in hospital settings, and beds located in the community led by social care staff.

A phased approach has been adopted to the project activities, with the implementation of Phase 1 under way. Work is progressing to implement the agreed Phase 1 changes, which will see an increase in intermediate care capacity, a streamlined Hospital Based Complex Clinical Care (HBCCC) service, and the introduction of nursing staff into our internally managed Care Homes. These changes will enable us to leave the Liberton Hospital site, freeing it up for redevelopment. Work is also ongoing in specialist inpatient rehabilitation and palliative / end of life care.

In September 2021 the EIJB agreed to undertake a consultation on the future provision of older people's services in Edinburgh. We have been working with the Consultation Institute to plan and develop the consultation activity, and it will be published in the latter part of 2022. The outcome from the consultation will inform the options for the delivery of bed-based services in Edinburgh.

## **Priority 5: Making best use of capacity across the system**

It is important to ensure that capacity within the system is utilised in a balanced and progressive way to deliver the best outcomes for the people of Edinburgh. We continue to work with our partners in the third and independent sectors to ensure that the services we offer can meet increasing needs and demands within the continuing challenging financial climate.

### **Workforce strategy**

Through our transformation programme, we have been developing our inaugural workforce strategy, 'Working Together', to ensure that we have skilled and capable staff that can deliver our vision of 'a caring, healthier and safer Edinburgh'. The strategy focuses on our own workforce across the City of Edinburgh Council and NHS Lothian, as well as recognising the invaluable contributions of those we work with, such as unpaid carers, volunteers and those in the third and independent sectors.

'Working Together' was developed through workshops, staff surveys and focus group activity, which in turn helped to identify key themes, commitments and actions necessary for the successful delivery of our workforce strategy. 'Working Together' is also informed by demographic and projected demand information which highlights the need for short-term as well as mid-term and long-term goals to be achieved to meet the challenges we face.

Our next step is for the working together strategy to progress to implementation, with wider communication of our strategy and delivery groups beginning in 2022/23.

### **One Edinburgh: Home-based care**

'One Edinburgh' is part of our Home-Based Care and Support project within the Transformation Programme. It seeks to transform Edinburgh's approach to supporting people in their own homes, recognising that choice and control for supported people cannot happen unless there is a sustainable market of providers and services to choose from. It is supporting the development of a market position statement including the One Edinburgh Charter, co-produced with external provider partners, and takes into consideration our approach to commissioning care at home services and the function of our internal Home Care and Reablement provision.

Over 2020/21 we have begun to implement our new mobile workforce scheduling solution for our internal Home Care and Reablement provision. This will be complete by the end of 2022 and is an enabler for our internal redesign.

### **Primary Care Transformation**

The application of the Primary Care Improvement Plan (PCIP) and Transformation and Stability (T&S) funds in Edinburgh saw another constructive year in 2021/22. There is now the equivalent of 237 additional full time primary care staff funded through PCIP across the city, with a further ten to be recruited with the funding currently available.

Pharmacotherapy accounts for 30% of the PCIP funding, and we have been very successful in quickly building this expanded service. Alongside our partners we opted to employ more pharmacy technician staff to improve the skill mix within the workforce, and these staff will be able to combine to provide multi-practice support for relatively routine processing of medicine-related activity. Deployment of pharmacy teams into practices has provided both additional capacity and expertise, with approximately 200,000 interventions delivered in a year when the envisaged service is not yet fully in place.

Fifty of our 70 medical practices are currently accessing the minimum Community Treatment and Care Centres (CTAC) services, with a smaller number receiving more substantial support. CTACs take several time-consuming procedures, such as complex wound dressings, out of medical practices, and deliver vaccinations and other procedures like ear irrigation which require specialised equipment and training. Student and travel vaccinations are now being delivered through CTACs with shingles and pneumococcal vaccinations delivered from April 2022. While some patients will now need to travel further than their local surgery to receive some primary care treatment, this will free up medical practices to concentrate on the services they are best placed to provide.

## Priority 6: Right care, right place, right time

As part of making sure people receive the right care in the right place at the right time, we want to ensure people are supported to live as independently as possible. We are committed to ensuring people are supported at home and within their communities whenever possible, and are admitted to and stay in hospital only when clinically necessary. Central to our thinking is working towards the provision of care tailored to the individual, in a place which best provides this care and as close as possible to when it is required.

### Supporting Carers

Carers remain vital partners in supporting the most vulnerable people in society and while society emerges from the pandemic, carers continue to feel its effects daily.

Despite its challenges, in 2021 contracted provision under the Edinburgh Joint Carer's Strategy (EJCS) 2019-22 was rolled out to support carers across the six priority areas:

- Identifying carers
- Information and Advice
- Carer health and wellbeing
- Short Breaks
- Young carers
- Personalising support for carers

Short Breaks and developments around Adult Carer Support Plans were affected by pandemic restrictions, however, resulting in a portion of funds being re-invested to benefit carers. Importantly, where provision was affected, carers continued to be supported in creative and dynamic ways, making the first year of the contracted provision a great success.

The Edinburgh Joint Carer's Strategy is being refreshed in 2022 and will align with the National Carer Strategy, which is currently under consultation. This shall allow recent challenges to be addressed and will ensure the six priorities continue to be delivered upon. A working group has been established and the Carers Strategic Partnership Group shall have oversight as this work progresses.

### Home First

Home First is developing services to better support people to remain at home or in a homely setting, preventing hospital admission and providing alternatives to hospital where it is clinically safe to do so. Significant progress was made in several workstreams during the year.

To support the prevention of admissions, we implemented a Single Point of Access through the Flow Centre for all urgent health and social care/therapy pathways requiring a 4-hour response. From March 2021 - February 2022, 357 referrals were received and 53% of admissions were avoided. We also expanded the social work hospital team to include Home First Navigators in Home Based Complex Clinical Care and intermediate care, and additional social workers to support the front door at the Royal Infirmary and Western General Hospital. Our Hospital@Home service also



prevents admissions. Referrals to this service have increased by 40%, with the introduction of different referral routes and virtual clinics which accept Emergency Department referrals out of hours for visits next day.

Our Home First approach also works to support timely discharge from hospital. In 2020/21, Edinburgh became the first Lothian partnership to test Planned Date of Discharge (PDD), as part of the pan-Lothian pathfinder site for the national Discharge without Delay initiative. We also enhanced our Discharge to Assess (D2A) service, which enables more people to be assessed at home, supporting 2,173 discharges or referrals since June 2021. Additionally, the Community Respiratory Team built on the success of the test of change done at the Royal Infirmary in 2021 to support the discharge of COVID-19 patients. In 2021/22 there were 20 referrals with 60 hospital bed days saved.

## Health and wellbeing outcomes

There are nine national health and wellbeing outcomes which have been set by the Scottish Government. Each Integration Joint Board (IJB) uses these outcomes to set their local priorities.

The table below shows how the strategic priorities from our Strategic Plan contribute to these national outcomes.

Strategic priority	National outcomes this priority contributes to	Associated national indicators
Prevention and early intervention	<p><i>Outcome 1:</i> People are able to look after and improve their own health and wellbeing and live in good health for longer</p> <p><i>Outcome 4:</i> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>	<p>Indicator 1</p> <p>Indicator 7</p> <p>Indicator 12</p> <p>Indicator 16</p>
Tackling inequalities	<p><i>Outcome 5:</i> Health and social care services contribute to reducing health inequalities</p>	<p>Indicator 11</p>
Person-centred care	<p><i>Outcome 3:</i> People who use health and social care services have positive experiences of those services, and have their dignity respected</p> <p><i>Outcome 7:</i> People who use health and social care services are safe from harm</p>	<p>Indicator 3</p> <p>Indicator 4</p> <p>Indicator 5</p> <p>Indicator 9</p> <p>Indicator 17</p>
Managing our resources effectively	<p><i>Outcome 9:</i> Resources are used effectively and efficiently in the provision of health and social care services</p>	<p>Indicator 14</p> <p>Indicator 20</p>
Making best use of capacity across the system	<p><i>Outcome 8:</i> People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</p>	<p>Indicator 6</p>
Right care, right place, right time	<p><i>Outcome 2:</i> People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p><i>Outcome 6:</i> People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing</p>	<p>Indicator 2</p> <p>Indicator 8</p> <p>Indicator 13</p> <p>Indicator 15</p> <p>Indicator 18</p> <p>Indicator 19</p>

Underpinning the nine wellbeing outcomes sits a core suite of integration indicators, which all HSCPs report their performance against. These national indicators have been developed from national data sources to ensure consistency in measurement. There are 23 indicators but four of them (indicators 10, 21, 22 and 23) have not yet been finalised for reporting.

National indicators (NI) 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government. The primary source of data for indicators 12 through 16 are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Following recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2021; this ensures that these indicators are based on the most complete and robust data currently available. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of COVID-19 at different points of the pandemic.

## Performance against national indicators

### Health and Care Experience Survey indicators

National indicators (NI) 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government. This survey is sent randomly to around 5% of the Scottish population every two years. The most recent survey results for inclusion in this report are from the 2021/22 survey, which was sent to 43,282 people in Edinburgh and produced 10,102 responses. This represented a response rate of 23%; a drop from the 25% response rate for the 2019/20 survey, and just under the rate of 24% for Scotland. Results for indicators 1, 6 and 8 are comparable across all years, but those for indicators 2,3,4,5,7 and 9 are comparable to 2019/20 only.

Figures for both Edinburgh and Scotland have seen reductions since 2019/20 in almost all indicators, showing a likely impact of the pandemic affecting both local and national responses. The exception to this is indicator 2 - *Percentage of adults supported at home who agree that they are supported to live as independently as possible* – where Edinburgh saw a small increase that was not seen nationally.

As can be seen in the table below, Edinburgh is above the Scottish average for 2021/22 in six of the HACE survey indicators, in line with the Scottish average in one indicator and below the Scottish average in two indicators.

The areas where we are below the Scottish average are:

3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated

We continue to target improvements in these areas through our roll out of Three Conversations, the Home First approach and promoting self-directed support options.

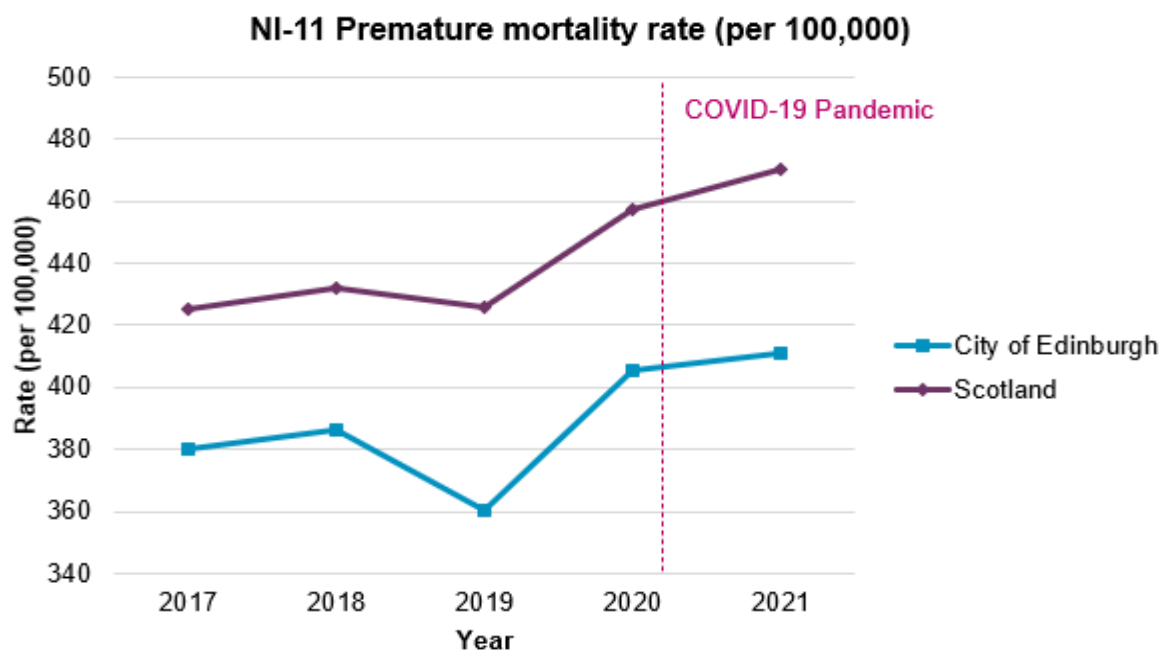
National Indicator (NI)	2021/22 Edinburgh	2021/22 Scotland	2019/20 Edinburgh	2019/20 Scotland	2017/18* Edinburgh	2017/18* Scotland	2015/16* Edinburgh	2015/16* Scotland
<i>NI-1</i> : Percentage of adults able to look after their health very well or quite well	91.6%	90.9%	93.8%	92.9%	93.6%	92.9%	96.1%	94.5%
<i>NI-2</i> : Percentage of adults supported at home who agree that they are supported to live as independently as possible	78.9%	78.8%	77.6%	80.8%				
<i>NI-3</i> : Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	68.9%	70.6%	76.7%	75.4%				
<i>NI-4</i> : Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	64.8%	66.4%	72.6%	73.5%				
<i>NI-5</i> : Percentage of adults receiving any care or support who rated it as excellent or good	77.4%	75.3%	82.2%	80.2%				
<i>NI-6</i> : Percentage of people with a positive experience of the care provided by their GP practice	73.8%	66.5%	82.5%	78.7%	84.2%	82.6%	86.9%	85.3%
<i>NI-7</i> : Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79.2%	78.1%	83.2%	80.0%				
<i>NI-8</i> : Percentage of carers who feel supported to continue in their caring role	30.4%	29.7%	33.0%	34.3%	34.8%	36.5%	36.6%	40.0%
<i>NI-9</i> : Percentage of adults supported at home who agreed they felt safe	79.4%	79.7%	86.5%	82.8%				

\*Figures for 2019/20 onwards are not always directly comparable to previous years due to changes in methodology

Source: Scottish Government HACE surveys

### Indicator 11: Premature mortality rate

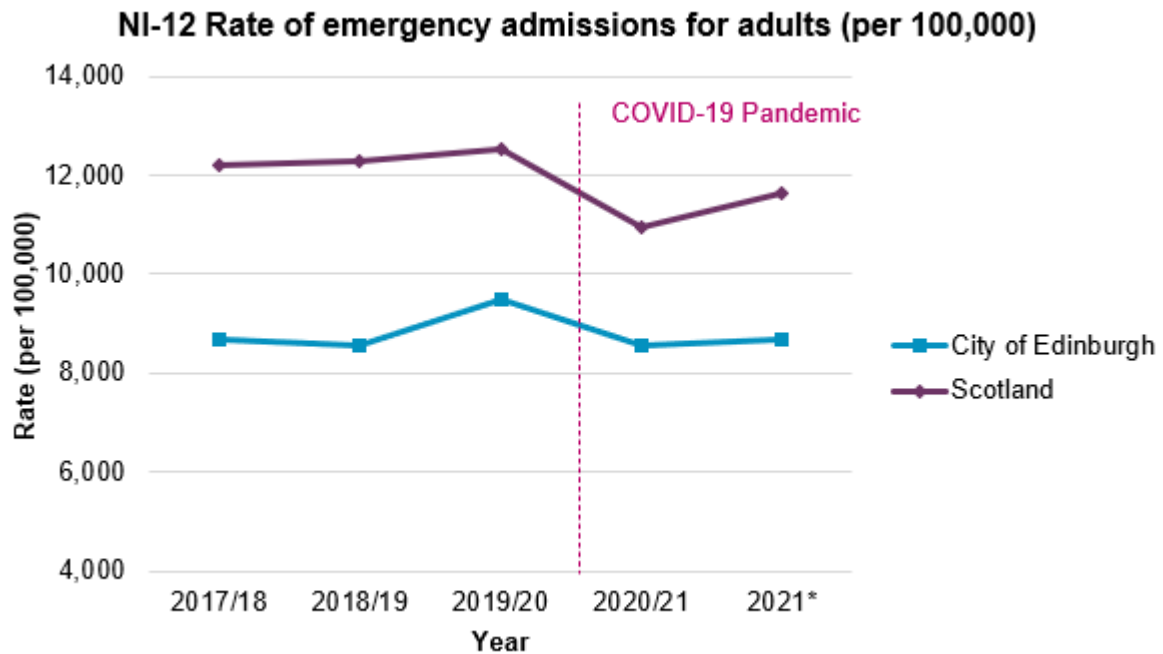
Our performance in terms of premature mortality shows a slight decline but continues to be better than the Scottish average and we rank 12<sup>th</sup> overall.



	2017	2018	2019	2020	2021
<b>City of Edinburgh</b>	380	386	360.3	405	411
<b>Scotland</b>	425	432	425.8	457	471

### Indicator 12: Rate of emergency admissions for adults

We continue to have a much lower rate for emergency admissions than the Scottish average and the second lowest rate in Scotland. The ongoing impact of the pandemic may have continued to affect the numbers of people attending hospital A&E departments in 2021. Our Home First Project also continues to look for ways to treat patients at home or in the community where appropriate, including through a redesign of unscheduled care pathways.

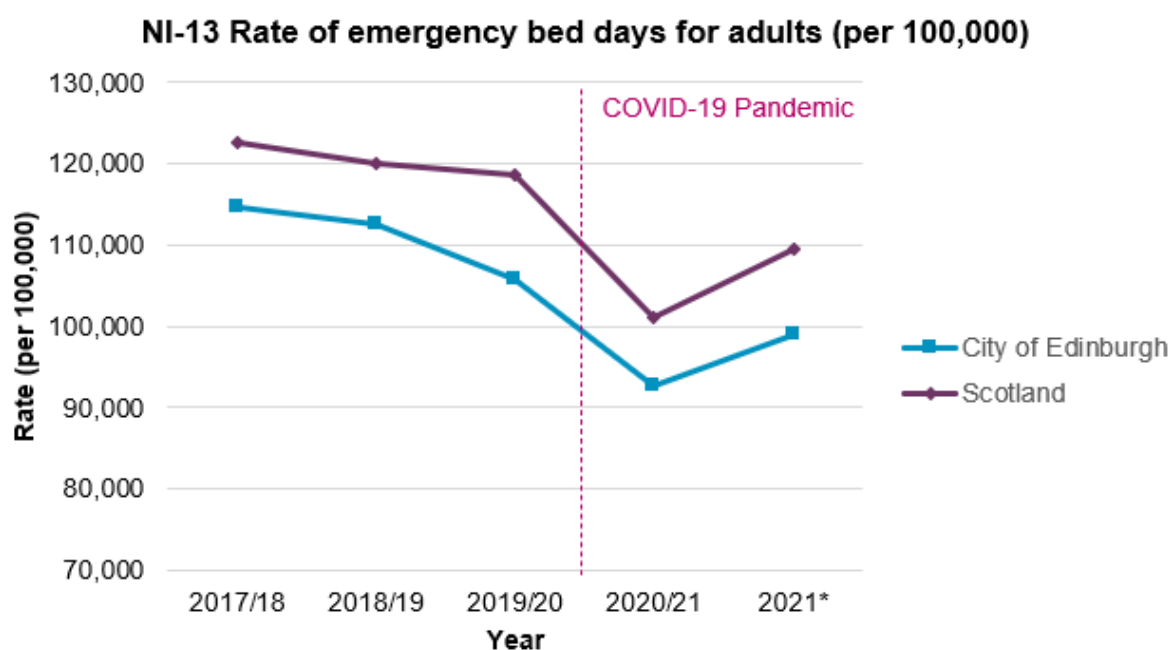


The rate of emergency admissions varies across our localities, as per the table below.

	<b>2017/ 2018</b>	<b>2018/ 2019</b>	<b>2019/ 2020</b>	<b>2020/ 2021</b>	<b>2021*</b>
<b>City of Edinburgh</b>	8,671	8,565	9,486	8,543	8,688
<b>Scotland</b>	12,211	12,280	12,525	10,952	11,636
<b>North East</b>	9,047	9,060	9,977	9,096	9,205
<b>North West</b>	9,473	9,126	10,222	9,274	9,456
<b>South East</b>	7,496	7,307	8,002	7,067	7,263
<b>South West</b>	8,754	8,963	9,962	8,913	8,985

#### Indicator 13: Rate of emergency bed days for adults

This indicator was also affected by the impact of the pandemic and the reduced numbers of people attending hospitals for emergency treatment. In 2021, figures for this indicator increased slightly, but we are substantially below the Scottish average and the figures achieved in the three years prior to the pandemic. Edinburgh has the ninth lowest rate in Scotland for this indicator.



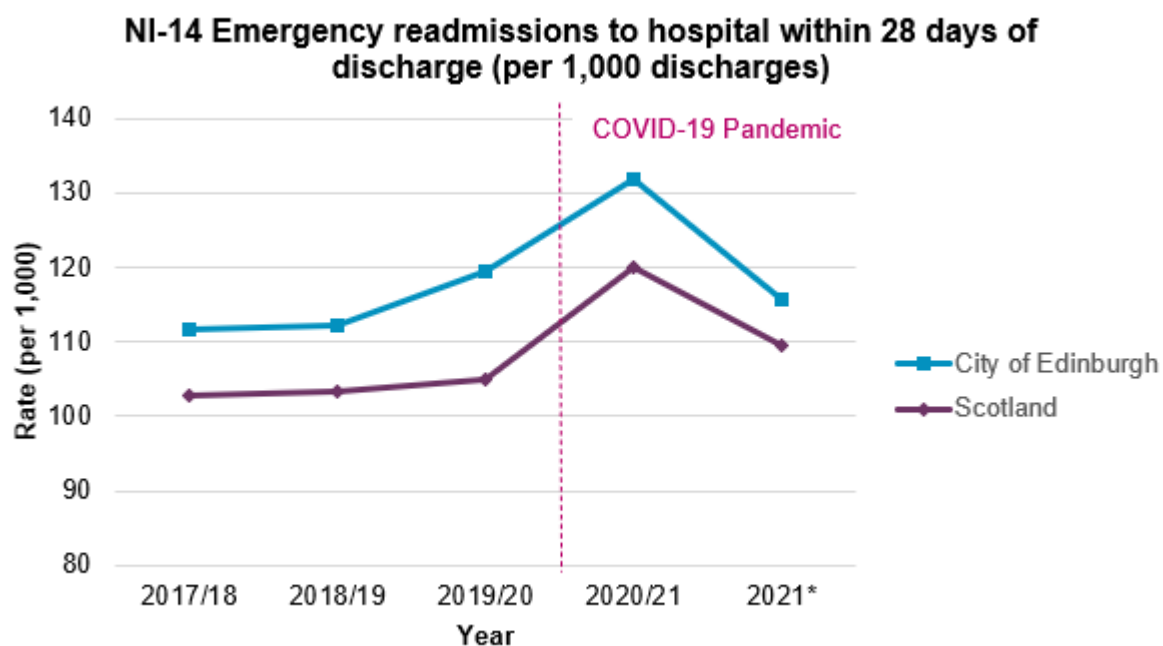
As with emergency hospital admissions, performance varies across our localities depending on demographics:

	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	2021*
<b>City of Edinburgh</b>	114,716	112,447	105,677	92,759	98,984
<b>Scotland</b>	122,571	120,007	118,574	101,115	109,429
<b>North East</b>	105,964	108,073	103,800	86,632	92,510
<b>North West</b>	120,956	114,775	106,906	93,400	103,285
<b>South East</b>	126,886	118,618	110,554	103,997	104,145
<b>South West</b>	100,941	106,411	100,286	84,255	94,081

#### Indicator 14: Readmissions to hospital within 28 days of discharge

2021 saw a marked improvement in this indicator compared to the previous two years, with the 2021 rate dropping below pre-pandemic levels. This follows an increase in 2020/21 when the reduced number of people in hospital meant that those who were admitted were likely to have had more complex issues, which would in turn have made readmission a greater possibility. This trend can be seen in the national as well as Edinburgh data. Edinburgh was ranked 22<sup>nd</sup> out of 31 partnerships in 2021, an improvement from 26<sup>th</sup> in 2020.

Edinburgh has been consistently above the Scottish average for this indicator, though we have seen the gap close in 2021. Detailed analysis of the data has revealed that there is no single reason for this higher rate of readmissions in Edinburgh, but our Home First project is continuing to look into areas where improvements can be made to reduce the rate of readmissions further.



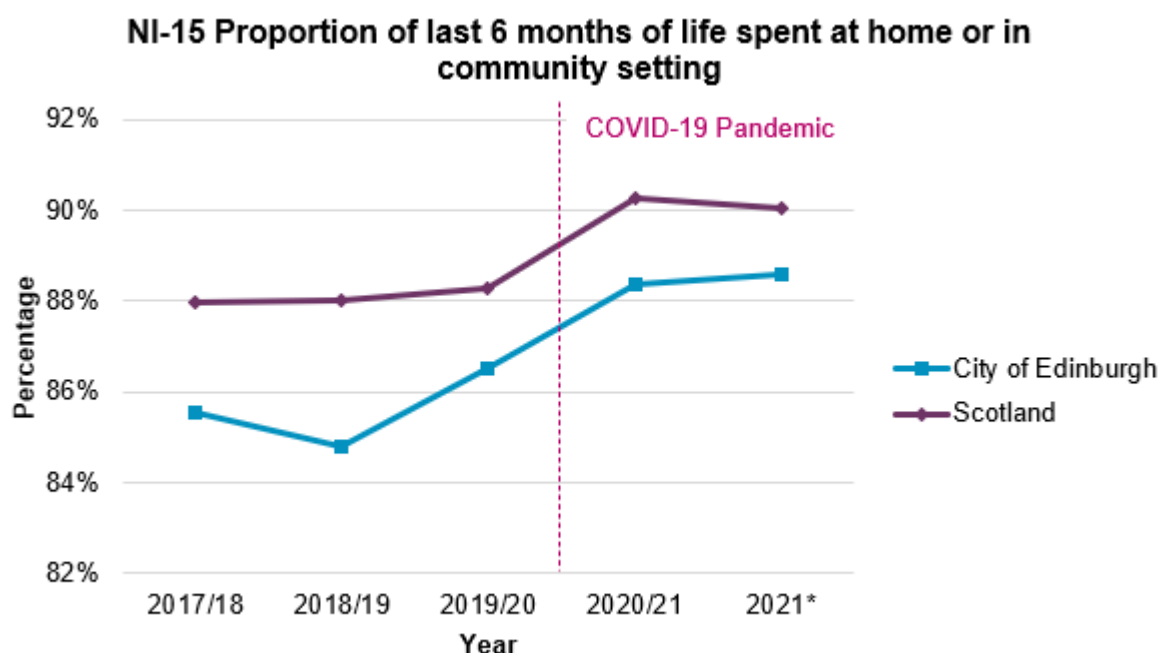
	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	2021*
<b>City of Edinburgh</b>	112	112	120	132	116
<b>Scotland</b>	103	103	105	120	110
<b>North East</b>	110	119	124	134	118
<b>North West</b>	106	104	112	137	116
<b>South East</b>	116	110	119	119	108
<b>South West</b>	117	119	124	135	117

#### Indicator 15: Proportion of last 6 months of life spent at home or in community setting

Our performance in this indicator has improved in 2021, continuing the increase seen in 2020/21 compared to a slight decrease seen nationally. Although still lower than the Scottish average, the difference is now only one percentage point. We are now ranked 27<sup>th</sup> out of 31 partnerships, an improvement from being ranked lowest in 2020. As this measure is based on how much time people spent in hospital during the last six months of their life, the continuing lower numbers in hospital due to the pandemic may have affected the trend.

Our Home First project continues to focus on supporting people at home or in a community setting where appropriate, including through our Hospital at Home service. Our bed-based strategy is also looking to ensure we have the right mix of beds across hospital and community settings to support a shift in the balance of care to the community.





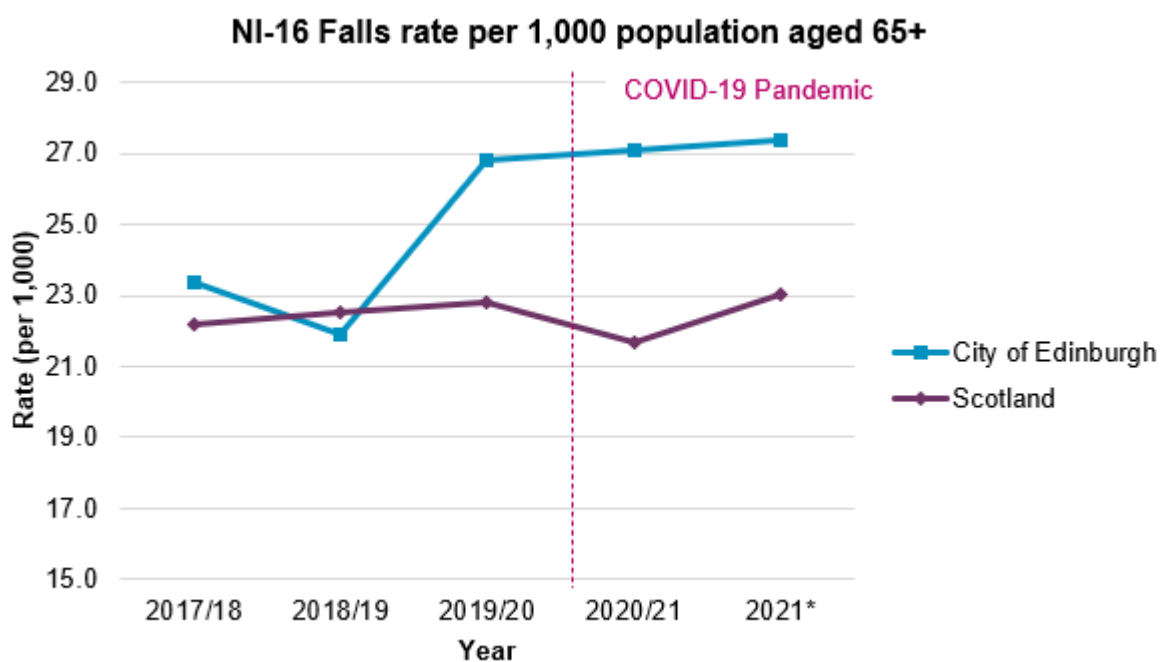
	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	2021*
<b>City of Edinburgh</b>	86%	85%	87%	88%	89%
<b>Scotland</b>	88%	88%	88%	90%	90%
<b>North East</b>	85%	85%	86%	88%	88%
<b>North West</b>	84%	83%	85%	88%	88%
<b>South East</b>	87%	87%	88%	89%	89%
<b>South West</b>	86%	86%	87%	89%	90%

#### Indicator 16: Falls rate per 1,000 population in over 65s

Performance in this indicator has been largely unchanged for three consecutive years, although it remains higher than the Scottish average. Edinburgh was ranked 28<sup>th</sup> out of 31 partnerships in 2021, a slight improvement from 29<sup>th</sup> in 2020.

The rate increased sharply from 2019/20 and was accompanied by a drop in the average length of stay following admission. This rate is based on the number admitted to hospital following a fall, rather than all falls in the community, and the increase in rate from 2019/20 is likely linked to a service change at A&E at the Royal Infirmary Edinburgh where more people were admitted for short periods of time from A&E.

The actions taken in our Supporting People at Risk of Falls initiative, run as part of our Long-Term Conditions programme, aim to reduce the adverse consequences and likelihood of falls; a likelihood which may have increased due to deconditioning as a result of reduced physical activity during the pandemic.



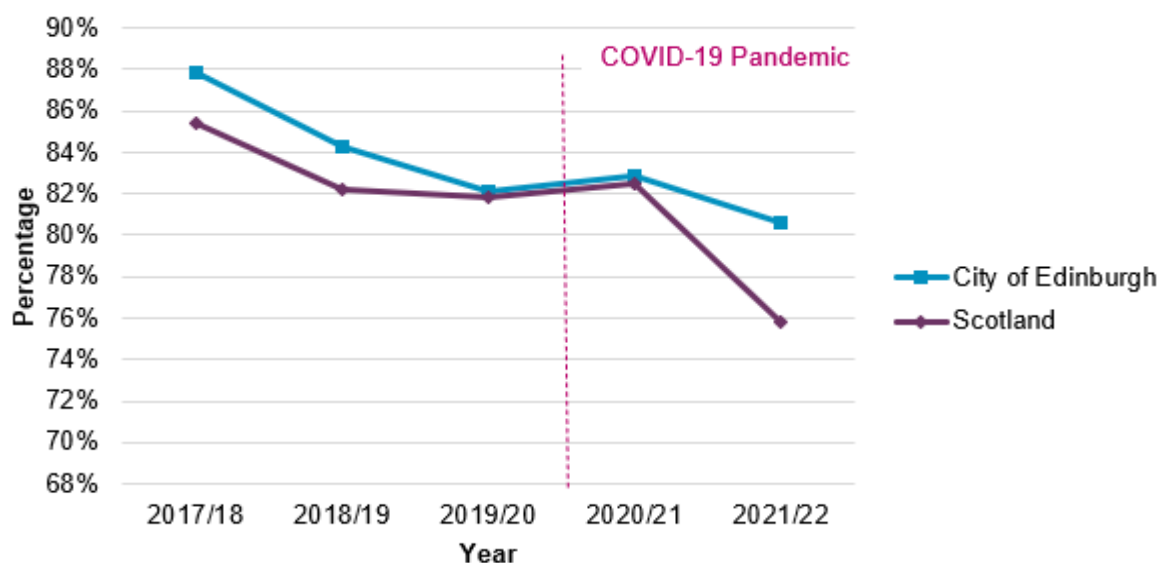
	2017/18	2018/19	2019/20	2020/21	2021*
<b>City of Edinburgh</b>	23	22	27	27	27
<b>Scotland</b>	22	23	23	22	23
<b>North East</b>	25	23	30	28	28
<b>North West</b>	24	22	27	29	28
<b>South East</b>	23	22	28	26	27
<b>South West</b>	21	21	23	24	26

#### Indicator 17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Although performance in this indicator dipped slightly compared to 2020/21 in line with a general downward trend, the fall was less marked than that of the Scottish average. In 2021 we ranked 11<sup>th</sup> out of 31 partnerships, an improvement from 20<sup>th</sup> in 2020.

Most of the Care Inspectorate's strategic inspection work was paused between March 2020 and spring 2021. Some more inspection activity has resumed since then, but the Care Inspectorate have altered the way they carry out inspections and their areas of focus, creating a new question to establish how services were responding to the pandemic, particularly as regards infection prevention and control measures. The data for NI-17 comes from the Care Inspectorate and covers all registered services in Edinburgh, not just those that we run. The figure covers the latest inspection result for each registered service, even if the inspection took place before the referenced financial year.

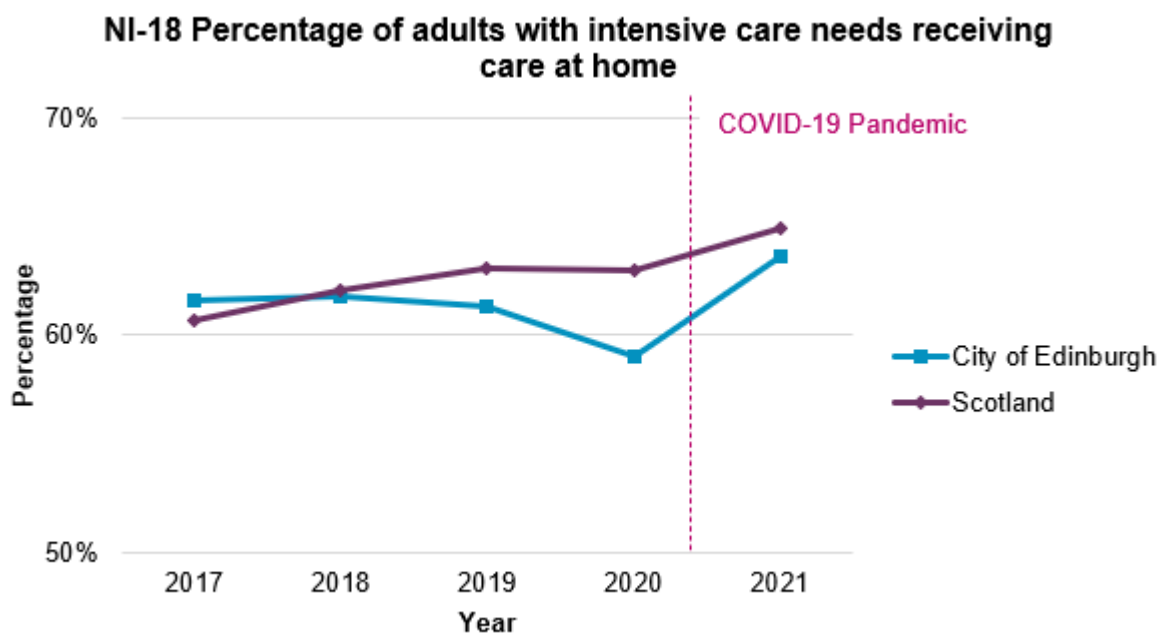
**NI-17 Proportion of care services graded 'good' or better in Care Inspectorate inspections**



	2017/18	2018/19	2019/20	2020/21	2021/22
<b>City of Edinburgh</b>	88%	84%	82%	83%	81%
<b>Scotland</b>	85%	82%	82%	82%	76%

**Indicator 18: Percentage of adults with intensive needs receiving care at home**

Our performance in this indicator has improved compared to the previous year and is now at the highest level in the last five years. While performance remains slightly below the Scottish average, the gap has been narrowed in the last year. Our ranking compared to other partnerships improved from 24<sup>th</sup> to 20<sup>th</sup> out of 31 partnerships. We continue to work to shift the balance of care from hospital settings to the community, through our bed-based review and Home First approach.



	2017	2018	2019	2020	2021
<b>City of Edinburgh</b>	61.6%	61.8%	61.4%	59.0%	63.6%
<b>Scotland</b>	60.7%	62.1%	63.0%	63.0%	64.9%

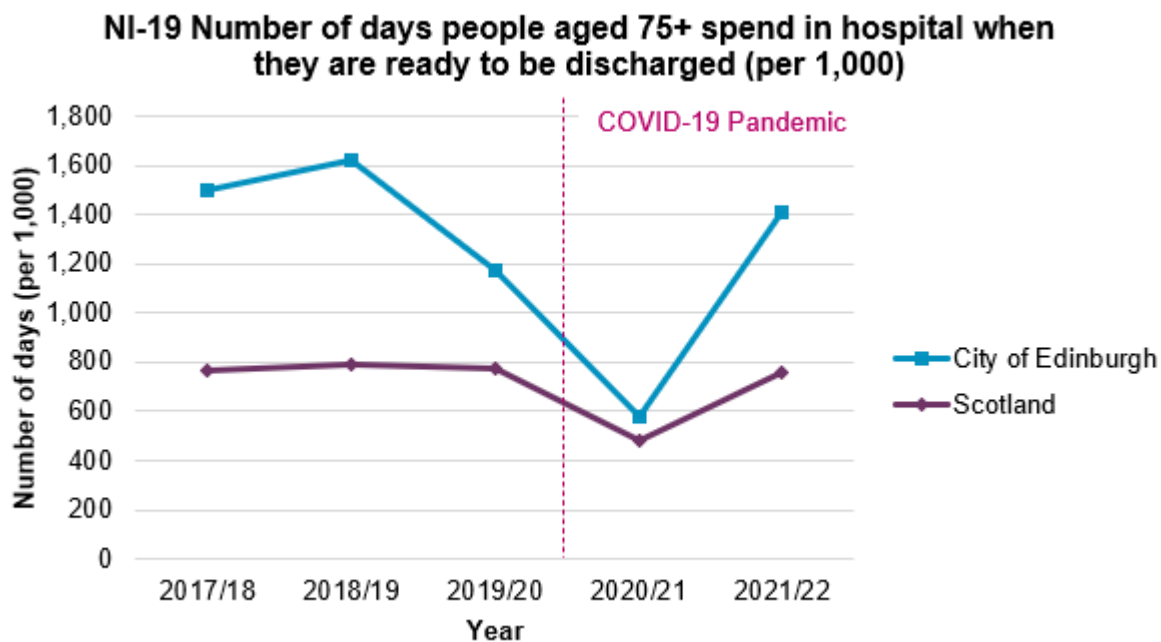
#### Indicator 19: Number of days people aged 75+ spend in hospital when they are ready to be discharged

The impact of the system pressures described earlier in this report can be seen in this indicator. As predicted in last year's Annual Performance Report, the figures for delayed discharges have increased as services remobilised and pressures on capacity increased following the removal of restrictions.

The figure for this indicator in 2021/22 saw a sharp increase, although this remains below the high rates we saw in 2017/18 and 2018/19. Our rank was the lowest in Scotland, with delay figures considerably above the Scottish average. Significant work has been undertaken to reduce the number and length of delayed discharges, including supporting 121 people into interim placements, which saved over 6,000 bed days for those who would otherwise have continued to be delayed in hospital. However, this work has been unable to offset the impact on delays from the significant capacity challenges being faced across the social care sector in Edinburgh.

Our bed-based strategy will implement changes that support increased capacity in intermediate care and a move to a nursing model within our internal care homes. Ongoing work through the Home First project on implementing a Planned Date of Discharge will also support more proactive discharge planning. Work under way

through our ‘One Edinburgh’ approach to home-based care will also support increased efficiency and capacity gains in this sector.



	2017/18	2018/19	2019/20	2020/21	2021/22
<b>City of Edinburgh</b>	1,502	1,621	1,175	579	1,409
<b>Scotland</b>	762	793	774	484	761

Indicator 20: Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency

NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, Public Health Scotland (PHS) have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

## Ministerial Strategic Group indicators

We also report performance indicators to the Scottish Government through the Ministerial Strategic Group for Health and Community Care (MSG). These performance indicators give a view of how HSCPs are progressing against a range of whole system level measures. The performance indicators are largely based on hospital sector data due to routine availability of national data. While similar to some of the core indicators, these figures are calculated in slightly different ways so are not comparable.

Since the 2017/18 baseline was set, we are moving in the desired direction for all but two of these indicators.

Indicator	2017/18 Baseline total	Desired direction of travel	Latest available figures	Latest Period
A&E Attendances	103,986	↓	101,376	2021/22
Unplanned Admissions <sup>+</sup>	35,597	↓	36,284 <sup>+</sup>	2021
Emergency Occupied Bed Days:				
Acute	330,759	↓	292,703	2021
Geriatric Long Stay <sup>^</sup>	22,324	↓	19,291 <sup>^</sup>	2021/22
Mental Health	122,841	↓	125,733 <sup>p</sup>	2020/21
Delayed Discharges	76,933	↓	73,719	2021/22
Last 6 months of life spent in a community setting	85.7%	↑	88.4%	2020/21
Balance of Care: at home <sup>#</sup>	95.5% <sup>*</sup>	↑	96.1%	2020/21

Notes: No target were set for 2021/22 due to the pandemic.

<sup>+</sup>The increase in the number of unplanned admissions is due to a service change at the Royal Infirmary in Edinburgh from April 2019. Some patients who have attended A&E have been admitted as an emergency inpatient to the Acute Assessment Unit. This has increased the number of emergency admissions in 2019. Most of these patients are discharged on the same day as admission to the Acute Assessment Unit.

<sup>^</sup> Geriatric long stay unscheduled occupied bed days data is affected by SMR completeness issue.

<sup>p</sup> This data is provisional.

<sup>#</sup> This indicator is still under development and may change in future releases.

<sup>\*</sup> The Balance of Care 2017/18 baseline figure has been updated since it was last published.

## Looking ahead

Even with restrictions lifted, health and wellbeing continues to be affected by the pandemic; and with a deteriorating economic situation and a 'cost of living crisis' exacerbating existing inequalities, we will continue to support people through our services and prepare for the longer-term impact on health and wellbeing.

During 2022/23 we will be updating our Strategic Plan, with strategic objectives evolving in the light of the impact of COVID-19, the economic situation, and societal trends.

Innovation and sustainability will remain central to our thinking and underpin our desire to foster a culture of continuous improvement. We have folded our flagship transformation projects into a core innovation and sustainability programme and will seek to align all aspects of our strategic activity to make best use of our resources.

Many of our transformation projects are moving towards 'business as usual', with progress continuing in the remaining workstreams. The 'More Good Days' Public Social Partnership will be a key vehicle for delivery of our Edinburgh Community Mobilisation and Accelerate programme, which sets out to accelerate system change to create more resilient communities and a sustainable health and social care system, improving population health and tackling inequalities.

Phase 1 of the Bed-Based Review is being implemented in tandem with progression in the outstanding workstreams, which include Breaks from Caring (respite), Mental Health beds, and Supported Accommodation. A city-wide consultation is also being planned to get public opinion on the future provision of older people's services in Edinburgh. The results, scheduled to be published in late 2022, will inform the options for the delivery of bed-based services in Edinburgh. Due to the size, scale and complexity of the project, it is anticipated that the project will continue for the next two to three years with the potential to widen the scope to other areas in the future.

While the pandemic has affected progress in our Home-Based Care project, our collaboration with providers has continued, building closer relationships through shared optimisation work. This work is supporting the development of our commissioning approach to a new contract for care at home provision. This will have an emphasis on moving away from time and task models of care provision to focus on better outcomes for the people we support.

We will also be continuing to monitor developments with the National Care Service (NCS) and carefully considering how we can support our staff and service users through continuing to provide person-centred care as these changes evolve.

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## REFERRAL REPORT

### Committees Annual Assurance Report – Referral from the Audit and Assurance Committee

Edinburgh Integration Joint Board

**Tuesday, 27 September 2022**

#### Executive Summary

The purpose of this report is to refer the attached Committees Annual Assurance Report from the Audit and Assurance Committee to the Edinburgh Integration Joint Board (EIJB), with the Committee's recommendations detailed below.

#### Recommendations

The Board is asked to:

- a. To note the moderate assurance following the review of the committee assurance statements which are stored in the teams' site for interest.
- b. To note a paper will be brought to the Audit and Assurance Committee, discussing how best to present an action plan on addressing the key outcomes of the assurance process.

#### Terms of Referral

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1. All committee assurance statements were presented to the Audit and Assurance Committee (AAC) for scrutiny on 20 September 2022 (Clinical and Care Governance Committee, Performance and Delivery Committee and Strategic Planning Group and Audit and Assurance Committee).
2. During consideration of the report, the Committee discussed the following:

- Members discussed, how best to monitor the implementation of the suggested outcomes.
  - A further reference was made to the action plan initially discussed as part of the Edinburgh Integration Joint Board Audited Annual Accounts 2021-22. Suggestions were made on how to format the action plan such as expected completion dates and a traffic light system on delivering effective outcomes to ensure actions can be checked at a glance to see which are making progress and which may need help.
3. The Committee agreed:
- 3.1 To note the moderate assurance following the review of the committee assurance statements which are stored in the teams' site for interest.
  - 3.2 To refer this report to the EIJB.
  - 3.3 The Chief Finance Officer confirmed a paper will be brought back to Committee, discussing how best this action plan may be created and set out.

The Integration Joint Board is asked to consider the recommendations of the Audit and Assurance Committee.

## Report Author

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**Peter Murray**

**Chair, Audit and Assurance Committee**

Contact for further information:

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Email: [emily.traynor@edinburgh.gov.uk](mailto:emily.traynor@edinburgh.gov.uk)

## Appendices

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Appendix 1      Annual Assurance Statement

## REPORT

### Committees Annual Assurance Report

Audit and Assurance Committee

20 September 2022

<b>Executive Summary</b>	This report provides the Audit and Assurance Committee with a condensed report on the annual assurance statements for the Edinburgh Integration Joint Board (EIJB) committees.
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<b>Recommendations</b>	<p>The Audit and Assurance Committee is asked to:</p> <ul style="list-style-type: none"> <li>a) note the moderate assurance following the review of the committee assurance statements which are stored in the teams' site for interest.</li> <li>b) Refer this report to the EIJB.</li> </ul>
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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

- All committee assurance statements were presented to the Audit and Assurance Committee (AAC) for scrutiny on 20 September 2022 (Clinical and Care Governance Committee, Performance and Delivery Committee and Strategic Planning Group and Audit and Assurance Committee).

#### Main Report

- The Edinburgh Integration Joint Board (EIJB) endorsed the assurance process for 2021/22 at their meeting on 22 March 2022. All EIJB committees were



asked to submit an annual assurance statement which covers the business of all meetings held during 2021/22. The link to the full paper is [here](#) .

3. These statements were designed to support the assurance the committees were giving to the EIJB and identify and escalate any significant issues.

### **Assurance Process**

4. Once all committees agreed their committee annual statements, they were scrutinised at AAC on the 20 September 2022. The purpose of the review by AAC is to provide the EIJB with assurance (or otherwise) on the effectiveness of the EIJB committee structure and how well the committees are fulfilling their duties. Due to the timing of the assurance process (running from March - June 2022), it should be noted that some of the assurance statements were completed by previous members of the EIJB. Copies of all assurance statements have been stored in the EIJB teams' site.

### **Actions arising from 2020/21 assurance cycle**

5. The following themes were identified as part of the 2020/21 assurance statements:
  - capacity of officers adversely impacting the ability to fulfil the full range of duties specified within the committee terms of reference;
  - the lack of an independent Chief Risk Officer; and
  - availability and quality of data.
6. Actions have been taken to increase resource in a number of teams (e.g., performance and evaluation, innovation and sustainability, communications) to support the EIJB and its committees. However, it is recognised that, as these posts have been funded from the EIJB's budget, we are diverting funds from front line services. The Performance and Evaluation Manager, who was appointed towards the end of 20/21, is developing a EIJB performance framework. Although, this will go part way to addressing the availability and quality of data, some underlying issues will remain, particularly with social care data which is being worked through. Further discussions are ongoing regarding the Chief Risk Officer following the discussions at AAC in August 22.

### **Key themes for the 21/22 assurance cycle**

7. For the 21/22 cycle, the main themes coming through all the assurance statements include:
  - The need to enhance the training and induction programme for committees. Also need to consider the development needs of the committee and EIJB, recognising the significant number of new Board Members.



- Some committees (Audit and Assurance Committee, Clinical and Care Governance) feel it would be beneficial to increase the membership to ensure committees are quorate and increase the scrutiny and debate.
8. There is also a reference within the Strategic Planning Group (SPG) assurance statement that consideration should be given to note assurance levels at committee meetings and not in retrospect and this will be taken forward alongside the actions specified at paragraph 7.
9. There are some specific themes identified that need to be taken forward by the individual committees and these are noted below:

#### **Clinical and Care Governance Committee (C&CG)**

1. Increase the number of members of the committee.
2. Continue to develop the Clinical and Care Governance Group.
3. Review and consider the induction and development of the C&CG Committee.
4. Consider the volume of C&CG meetings alongside the significant work programme required to deliver on the terms of reference.

#### **Performance and Delivery Committee (P&D)**

1. Development and implementation of the performance framework.
2. Consideration of the length and detail contained within papers.
3. Consideration on how achieve deep dives in certain key areas.
4. The expected time commitment for non-voting members that sit on committees can be significant.
5. Need to look at committee succession planning.

#### **Strategic Planning Group (SPG)**

1. Consider whether sub-groups require to be established to support.
2. Review long terms horizon scanning role.

10. Based on the assurance statements submitted from the committees, the AAC can provide a moderate level of assurance which is the same assurance level as last year.

#### **Next Steps**

11. Where improvements or actions have been identified within the annual assurance statements, they will be collated together into an action plan, with proposed improvement actions developed (where possible) as part of the development of the EIJB committee structure.

## Implications for Edinburgh Integration Joint Board

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### Financial

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

### Legal/risk implications

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

### Equality and integrated impact assessment

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

### Environment and sustainability impacts

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

### Quality of care

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

## Consultation

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

## Report Author

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**Moira Pringle**  
**Chief Finance Officer**

Contact for further information:

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Email: [angela.brydon@edinburgh.gov.uk](mailto:angela.brydon@edinburgh.gov.uk)

## Appendices

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None



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## REPORT

### Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

27 September 2022

#### Executive Summary

The purpose of this report is to inform the Board of changes to membership.

#### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Appoints Laura Henderson to replace Hazel Young on the Strategic Planning Group as the non-voting, non-commercial provider of social housing representative.
2. Note that NHS Lothian have appointed Robin Balfour to the Edinburgh Integration Joint Board as the Clinical Director (non-voting), term of office to start 1 October 2022
3. Appoints Robin Balfour to the Clinical and Care Governance Committee as a non-voting member, term of office to start 1 October 2022.

#### 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	
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## Report Circulation

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This report has not been considered elsewhere.

## Main Report

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1. 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.
2. 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.
3. Hazel Young has resigned from her role on the Strategic Planning Group. This has left a non-voting, non-commercial provider of social housing representative vacancy on the Committee.
4. It is recommended that Laura Henderson is appointed to the Strategic Planning Group to fill this vacancy.
5. Dr Ian Mackay resigned from the Clinical Director role earlier in the year. In replacement, NHS Lothian have appointed Dr Robin Balfour to the role, with the term of office to start on 1 October 2022.
6. The Clinical Director is also appointed as a non-voting member to the Clinical and Care Governance Committee. It is recommended Dr Balfour is appointed to fill this vacancy.

## Implications for Edinburgh Integration Joint Board

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### Financial

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

### Legal / risk implications

8. 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.
9. **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**

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13. None.

#### **Report Author**

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**Judith Proctor**

**Chief Officer, Edinburgh Integration Joint Board**

Contact for further information:

Name: Matthew Brass, Committee Services

Email: [matthew.brass@edinburgh.gov.uk](mailto:matthew.brass@edinburgh.gov.uk)

#### **Background Reports**

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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](#)

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## REPORT

### Committee Update Report

Edinburgh Integration Joint Board

27 September 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 August 2022.

#### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes the work of the Committees.

### Report Overview

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1. This report gives an update on the business of the committees covering August 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.

### Strategic Planning Group 17 August 2022

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2. **2021/22 Annual Assurance Statement** – the committee considered the draft annual assurance statement for 2021/22 and the SPG agreed the statement.
3. **Joint Strategic Needs Assessment (JSNA) Update** – an update was provided to the committee on the Joint Strategic Needs Assessment (JSNA) and a topic paper on mental health was considered.
4. **Strategic Plan Update** – the committee considered the EIJB Strategic Plan and provided feedback on three key areas.

5. **Transitions from Children to Adult Support** – the committee had before it a report on the delivery of key actions taken to improve the process of transition between children and adult services.
6. **National Care Service** – the committee were given a verbal update by the Service Director Strategic Planning on the establishment of a new National Care Service (NCS).

### **Audit and Assurance Committee 31 August 2022**

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7. **Edinburgh Integration Joint Board Unaudited Annual Accounts 2021-22** – the committee were presented with the Edinburgh Integration Joint Board's (EIJB) 2021/22 unaudited annual accounts for scrutiny.
8. **Internal Audit Annual Opinion 2021-22** – the committee discussed the Internal Audit's (IA) annual opinion for the EIJB for 2021-22.
9. **Internal Audit Charter 2022-23** – the committee had before it a report on the Internal Audit Charter for 2022-23.
10. **Internal Audit Annual Plan 2022-23** – the committee considered the Internal Audit Annual Plan for 2022-23. The Plan had been reduced from three audits to two as a result of the wide coverage of last year's work which covered the majority of EIJB risks.

### **Forward Planning – September - October 2022**

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11. Clinical and Care Governance Committee – 8 September 2022
12. Performance and Delivery Committee – 14 September 2022
13. Audit and Assurance Committee – 20 September
14. Performance and Delivery Committee – 5 October 2022
15. Strategic Planning Group – 12 October 2022

## Report Author

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**Judith Proctor**

**Chief Officer, Edinburgh Integration Joint Board**

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## Minute

### IJB Strategic Planning Group

**10.00am, Wednesday 17 August 2022**

Virtual Meeting – Via Microsoft Teams

**Present:** Angus McCann (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan, Alyson Falconer, Christine Farquhar, Stephanie-Anne Harris, Peter McCormick, Councillor Max Mitchell, Michele Mulvaney, Peter Murray, Rene Rigby

**In attendance:** Matthew Brass, Jessica Brown, Phillip Brown, Tony Duncan, Mark Grierson, Katie McWilliam, Fraser Munro, Moira Pringle, Donna Rodger

**Apologies:** Alistair McKillop

#### 1. Minutes

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##### Decision

To approve the minute of the Edinburgh Integration Board Strategic Planning Group of 23 March 2022 as a correct record.

#### 2. Rolling Actions Log

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The Rolling Actions Log for August 2022 was presented to Committee.

##### Decision

- 1) To agree to close Action 1 – Market Facilitation Framework.
- 2) To otherwise 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. 2021/22 Annual Assurance Statement**

---

The draft annual assurance statement for 2021/22 was presented for consideration and agreement by the SPG.

### **Decision**

- 1) To agree the Annual Assurance Statement for 2021/22.
- 2) To include the development of a more robust training and induction programme for the Committee on the Rolling Actions Log.
- 3) To include the review of long-term horizon scanning on the Rolling Actions Log.

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

## **5. Joint Strategic Needs Assessment (JSNA) Update**

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An update on the Joint Strategic Needs Assessment (JSNA) and a topic paper on mental health were presented to the SPG for strategic consideration.

Members noted the data lag in the paper, with more up-to-date, publicly available data released after the time of report drafting. Officers assured members that, moving forward, efforts would be made to establish a process that would allow reporting to be updated with the most current data available.

Members were asked on their views for future topic papers to be considered, and carers (including respite and short breaks), human rights and lived experience were themes that were requested.

Moving forward, questions were raised on the next steps, and what would be done with the information and findings of the paper. Members were assured that the information would aid the development of the wider strategic plan, as well as shaping the work of operations teams and also begin to feed into the performance framework and success measurements.

### **Decision**

- 1) To approve the topic paper on mental health for publication, subject to amending dates throughout the report.
- 2) To note the update on the wider JSNA process.
- 3) To agree to present a short paper at a future SPG meeting on human rights in the Health and Social Care context.

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

## 6. Strategic Plan Update

---

Progress on the refresh of the EIJB Strategic Plan was presented to the SPG for their consideration. Members were asked for their feedback on three key areas of the report, as detailed below:

1. Structure
  - Members questioned whether there was too much detail on the context at the onset of the paper, and whether the Plan's challenges and themes could come sooner.
2. Objectives
  - Members recognised the tension between financial resource and the ambition of strategic objectives, and getting the balance correct would be a challenge.
  - Members requested that objectives be measurable and achievable.
  - Members were supportive of the section.
3. Priorities
  - Members were supportive of the section.

Feedback was received by officers who gave assurance that it would inform future drafting. Version 4 of the Strategic Plan would come forward to the October SPG.

### Decision

- 1) To consider and approve the current draft of the next EIJB Strategic Plan.
- 2) To approve the revised timeline and actions.
- 3) To acknowledge the sections under development.

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

## 7. Transitions from Children to Adult Support

---

The SPG were provided with an update on the delivery of key actions taken to improve the process of transition between children and adult services.

Members were encouraged by the progress made in areas of transitions, for example, housing, where complex packages of care had resulted in no instances of individuals needing housed in the Royal Infirmary over the last seven years.

### Decision

- 1) To agree the four recommendations outlined in the report.
- 2) To refer the report to the EIJB after including a brief summary of the successes around housing.

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

## **8. National Care Service**

---

A verbal update was given by the Service Director Strategic Planning on the establishment of a new National Care Service (NCS). The presentation was circulated to members after the meeting.

## **9. Date of Next Meeting**

---

To note that the next Strategic Planning Group meeting is currently scheduled to be held on 12 October 2022.

## Minutes

### IJB Audit and Assurance Committee

**3.00pm, Wednesday 31 August 2022**

Virtual Meeting, Microsoft Teams

**Present:**

Peter Murray (Chair), Councillor Euan Davidson, Elizabeth Gordon, Grant Macrae and Councillor Claire Miller.

**Officers:** Matthew Brass (Clerk), Laura Calder (Internal Audit), Gavin Cluckie (Internal Audit), Helen Elder (Executive Assistant), Nicola MacKenzie (External Audit – Azets), Moira Pringle (Chief Finance Officer), Donald Scott (Assurance Officer)

**Apologies:** Kirsten Hey

#### 1. Training and Induction Discussion

---

Members were offered an induction session into the Committee and into audit from Internal Audit and the Chief Finance Officer.

#### 2. Minutes

---

The minute of the Audit and Assurance Committee of the 18 February 2022 was presented for approval as a correct record.

**Decision**

To approve the minute of 18 February 2022 as a correct record.

#### 3. Annual Cycle of Business

---

The annual cycle of business was presented.

**Decision**

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

#### 4. Outstanding Actions

---

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

##### **Decision**

To note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

#### 5. Edinburgh Integration Joint Board Unaudited Annual Accounts 2021-22

---

The Edinburgh Integration Joint Board's (EIJB) 2021/22 unaudited annual accounts were presented to the Committee for scrutiny.

Members posed questions on the risk register contained within the report, with specific reference to Risk 3.3 and why the RAG status had remained at 'high' from September 2021 to February 2022. Although there were many contributors, officers concluded that the failure to appoint a Chief Risk Officer was a crucial contributory of the position, however, an up-to-date position on the Risk – and all Risks – would be presented within the final accounts at the next meeting.

Members also requested that a 'journey to green' be presented alongside the risks which detailed the planned steps and actions to accomplish the risks' target ratings. Officers noted that the level of detail was being worked towards, and would be more apparent when the Register was presented in more detail out with the Accounts.

##### **Decision**

- 1) To consider the draft financial statements submitted.
- 2) To note the proposed timescale for completion.

##### **Note:**

- 3) To amend the date to 2022 on p32.
- 4) To revise the wording on p33-p34 for clarity on the year position against the accumulative position.
- 5) To ensure reference to the Integration Scheme is included in the Annual Governance Statement.

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

#### 6. Internal Audit Annual Opinion 2021-22

---

Internal Audit's (IA) annual opinion for the EIJB for 2021-22 was presented. An amber position was presented, which reflected some improvement required. Although this rating was the same rating as the previous year, Internal Audit noted an improvement from the top end of amber as seen in 2020-21 to a position moving more towards green.

Members were encouraged by the improvement in the overall position, however questions arose on the accepted risks and how these would be monitored and progressed. Although the process was in the early stages, officers noted that a risk-acceptance register could be presented and future Committee meetings, and IA could monitor these through validation audits. Any new risk acceptance instances would also be presented by IA.

Concerns also arose on the number of agreed management actions that were overdue, with no updates attached. Members were assured that an up-to-date position would be considered in the quarterly update at the next Committee meeting.

Further, the challenge of recruiting a Chief Risk Officer was noted to be of concern. The efforts of the previous Chair of the EIJB and Chair of Audit and Assurance were acknowledged, but with no response from the NHS Lothian Chief Executive, members agreed to resume efforts to fill the vacancy.

### **Decision**

- 1) To note the final 'amber' rated IA opinion for the year ended 31 March 2022, and the improvement in comparison to previous years.
- 2) To review and scrutinise the outcomes of the audit of 'Risk Management and Board Rotation & Induction' audit completed in April 2022 to support the annual opinion (Appendix 9).
- 3) To request the Chair of the EIJB writes to the Chief Executive of NHS Lothian and of the City of Edinburgh Council to highlight the risks of having the statutory Chief Risk Officer post vacant and request support in the fulfilment of the position.
- 4) To present a proposal back to the Committee on how accepted risks could be monitored and progressed.

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

## **7. Internal Audit Charter 2022-23**

---

Approval was sought for the Internal Audit Charter for 2022-23. Members were assured that if any updates to the Charter were needed, these would be done in line with national guidance and standards.

### **Decision**

- 1) To review, approve and sign the refreshed 2022/23 IA Charter.
- 2) To refer the approved Charter to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Assurance Committee, with a request that it is signed by the Convenor's of the respective Committees to confirm that both partner organisations will support delivery of the 2022/23 EIJB IA annual plan and opinion in line with the authority delegated by the EIJB to IA.

(Reference – Report by the Senior Audit Manager, City of Edinburgh Council, submitted)

## **8. Internal Audit Annual Plan 2022-23**

---

Approval was sought for the Internal Audit Annual Plan for 2022-23. The Plan had been reduced from three audits to two as a result of the wide coverage of last year's work which covered the majority of EIJB risks.

Members were supportive of the plan to reduce the number of audits from three to two, however, questioned whether a third audit should be carried out on the proposed National Care Service.

Further, members questioned whether there were any areas not included in the Plan that officers would like to include, if budgeting allowed, for example, cyber security. Officers assured members that any areas of interest that were not included in the Plan, but were picked up through partner audits, could be presented to the Committee.

### **Decision**

- 1) To review and approve the 2022/23 Internal Audit Plan and supporting risk assessment.
- 2) To note the costs (circa £50k) associated with delivery of IA services by the Council to the EIJB (further detail is included at paragraph 11 below).
- 3) To refer the approved EIJB IA plan to both the Council's Governance, Risk and Best Value Committee and the NHS Lothian Audit and Assurance Committee for information.
- 4) To present a briefing paper to the December Committee to give an informal position on a third audit into the National Care Service.

(Reference – Report by the Senior Audit Manager, City of Edinburgh Council, submitted)

## **9. Date of Next Meeting**

---

The date of the next meeting was noted to be Tuesday, 20 September 2022.





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## Minute

### IJB Clinical and Care Governance Committee

**2.30pm, Thursday 8 September 2022**

Microsoft Teams

**Present:**

Councillor Vicky Nicolson (Chair), Helen FitzGerald, George Gordon, Peter Knight, Jacqui Macrae, Councillor Claire Miller

**In attendance:** Matthew Brass, Angela Brydon (for item 6), Nikki Conway, Helen Elder, Jon Ferrer, Mark Grierson, Sarah Hayden, Mike Massaro-Mallinson, Emily Traynor and David White (for item 7)

**Apologies:** Allister McKillop

### 1. Minutes

---

**Decision**

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 17 February 2022 as a correct record.

### 2. Annual Cycle of Business

---

The Annual Cycle Business updated to September 2022 was presented. Members were assured that the themes throughout the ACOB were responsive to current issues and had been agreed by the previous Committee.

**Decision**

To agree the updated annual cycle of business attached at appendix 1.

(Reference – Annual Cycle of Business, submitted)

### 3. Rolling Actions Log

---

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

**Decision**

To agree to close the following actions:

- Action 1 – Self Directed Support.
- Action 2 – Edinburgh Drugs & Alcohol Partnership Update
- Action 3 – Learning Disabilities
- Action 4 – Vaccination Programme

(Reference – Rolling Actions Log, submitted)

#### **4. Self Directed Support Update**

---

An update on self directed support was presented to Committee to provide assurance in relation to the duties and responsibilities of the EHSCP under the Social Care (Self Directed Support) (Scotland) Act 2013.

The report highlighted the gaps in resources which limited the assurance that could be provided, and members questioned what had to be done to move to a more assured position. The problems with Swift and the absence of a Resource Allocation System (RAS) were noted of concern, as well as the lack of a clear, robust assurance framework.

It was noted that the path to a more assured position was a long process, with the need for significant additional resource and finance, as well as potential revisions to the EHSCP Strategic Plan.

#### **Decision**

- 1) To recognise the work that has taken place to identify and document the mechanisms EHSCP have in place that could be used to provide assurance in relation to the SDS Act 2013.
- 2) To acknowledge that an assurance framework is required to further develop this work.
- 3) To note that the development of an assurance framework would require significant investment in IT and human resource.
- 4) To report back to Committee on the steps required to provide assurance on Self Directed Support.

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

#### **5. Learning Disabilities**

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Assurance was provided on the service provision for people with a learning disability prior to and during the pandemic. The plans to maintain a moderate level and progress to a full level of assurance in the long term were also presented.

Members noted the crossover in children's and adult services to be of concern and acknowledged that, in order to move to a full assurance level,

a formal structure and funding model would need to be developed specific to children's services. Despite the concerns, members were assured that children were still supported in the current system.

Further concerns were noted on the level of vacancies in the sector alongside the vast community infrastructure needed to fully support people with complex needs.

### **Decision**

- 1) To support the Innovation and Sustainability programme of change for learning disability services.
- 2) To work with Children's services to ensure safe and effective partnership in supporting people through community teams.
- 3) To support the development of more community based professional staff to support people in their homes.
- 4) To await the Innovation and Sustainability report going to the September EIJB and make a decision on whether an update report on the recommendations 1,2 and 3 is needed following discussion at the Board meeting.

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

## **6. 2021-22 Annual Assurance Statement**

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The Committee's annual assurance statement for 2021-22 was presented for approval before it's referral to the Audit and Assurance Committee.

Despite the change in membership since the Statement was drafted, new members noted the concerns of their predecessors, most significantly, the concerns surrounding the working practices of the Committee, the relationship with the Clinical and Care Governance Group, and the limited professional membership.

### **Decision**

- 1) To agree the draft annual assurance statement for 2021-22, subject to amending the assurance ratings where a split rating was given to the lowest level applicable.
- 2) To arrange an informal Committee meeting for October to review the assurance statement findings in-depth and plan for improvement in Committee working practices.

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

## **7. Evaluation of Edinburgh HSCP Winter Vaccination Programme 2021-22**

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A report on the Edinburgh Winter Vaccination Programme for 2021-22 was presented for information. Members noted their thanks to all staff involved in the efforts to deliver the Programme.

### **Decision**

To note the update.

(Reference – Report by the Edinburgh Primary Care Support Team, submitted)

## **8. Date of Next Meeting**

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The date of the next meeting was noted as Thursday, 3 November 2022.

## Minute

### IJB Performance and Delivery Committee

**10.00am, Wednesday 14 September 2022**

Microsoft Teams

**Voting Members:**

Councillor Max Mitchell (Chair), Councillor Euan Davidson, George Gordon and Peter Knight.

**Non-Voting Members:**

Helen Fitzgerald.

**In Attendance:**

Ian Brooke (EVOG)

Matthew Brass (Clerk)

Tony Duncan (Service Director Strategic Planning, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Deborah Mackle (EHSCP Locality Manager, South West)

Mike Massaro-Mallinson (Service Director Operations, EHSCP)

Jenny McCann (Programme Manager, NHS Lothian)

Sara McDonald (Principal Accountant, NHS Lothian)

Moira Pringle (Chief Finance Officer, IJB)

Kenny Raeburn (Principal Accountant, CEC)

Julie Tickle (Planning and Commissioning, EHSCP)

Louise Williamson (Committee Services, CEC)

Louise Williamson (Performance and Evaluation Officer, CEC)

**Apologies:** Ruth Hendery

## 1. Minutes

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The minute of the Performance and Delivery Committee from 6 April 2022 was presented for approval as a correct record, and any matters arising.

### Decision

To defer the approval of the minute as a correct record until members who attended the April meeting were present.

## 2. Annual Cycle of Business

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The Annual Cycle of Business updated to September 2022 was presented to Committee.

A revised ACOB for 2023 was also presented, which recommended adjusting the number of annual meetings from 8 to 6.

### Decision

- 1) To agree the updated annual cycle of business attached at appendix 1.
- 2) To agree to defer the decision on the 2023 ACOB until the October Committee meeting, following an informal discussion out with Committee on the proposed adjustment to the meeting calendar.

(Reference – Annual Cycle of Business, submitted).

## 3. Rolling Actions Log

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The Rolling Actions Log updated to September 2022 was submitted.

### Decision

- 1) To agree to close the following actions:
  - Action 1 – Transition for Young People with a Disability from Children's Services to Adult Services
  - Action 2 – Annual Review of Directions
  - Action 3 – Carers Strategy Performance and Evaluation Year One Report
  - Action 4 – Performance Report
  - Action 6 – National Care Service.
- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

## 4. Finance Update

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An update on the financial performance of delegated services for the first 4 months of the financial year was presented for noting.



Members raised concerns on staff vacancies and the level of underspend in several service areas despite the ongoing recruitment efforts. Assurances were given that, despite underspend, the nature of underspend due to staff vacancies was a definite negative consequence.

Further, members questioned the lack of operational service impact in finance reporting at Committee. Despite being finance orientated, members felt it necessary to present the service impact of the financial position – particularly in staff vacancies – in order to assess the implications for the performance and delivery of services.

Moving forward, members questioned the separation of costs incurred from Covid-19 into a separate category and suggested that these costs should be included in standard reporting in future iterations.

### **Decision**

- 1) To note the financial position for delegated services to 31<sup>st</sup> July 2022.
- 2) To provide a report back to a future Committee meeting on recruitment challenges and the work with Capital City Partnership.
- 3) To note that the Committee may consider the System Pressures report going to the September EIJB meeting for further scrutiny, depending on the outcome of the Board meeting.

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

## **5. Savings and Recovery Programme 2022/23 Update**

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An update on the position of the 2022-23 savings and recovery programme as at July 2022 was presented for noting.

Members requested the inclusion of the voluntary sector in future savings programme if possible, for example, in community equipment. Officers intended to explore ways in which the voluntary sector and other sectors could be involved in the programme when the new Hospital and Hosted Services Manager was in post.

### **Decision**

To note the current position of the 2022/23 Savings and Recovery Programme.

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

## **6. EIJB Annual Performance Report 2021-22**

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A draft of the EIJB Annual Performance Report (APR) 2020-21 was presented for scrutiny before it's submission to the Board for approval.

New members voiced concerns on the time they'd had to consider and efficiently scrutinize the report, however, existing members provided assurance that the APR had been considered in-depth and shaped by the Committee over previous meetings.

Members requested that, in future iterations of the APR, that the wide variety of services provided are included, as the current version focused on GP and Homecare provisions.

### **Decision**

- 1) To consider the key messages and content of the APR 2021/22.
- 2) To refer the APR 2021/22 to the EIJB for approval at their meeting on 27 September 2022, noting that the Committee have provided limited scrutiny due to the tight turnaround between the Committee meeting and the EIJB paper publication.

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

## **6. Performance Framework**

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An update on the development of a performance framework was presented. The purpose of the framework was to measure performance against the Strategic Plan and ensure robust performance monitoring.

Members noted the importance of the framework and the importance of data moving forward to help inform decision making. The translation of data was also noted of significance to help the Committee bridge the gap between governance and operational decision making.

### **Decision**

- 1) To note the update on the development of the EIJB Performance Framework and upcoming workplan.
- 2) To agree in principle with the overarching approach to the performance framework set out in the paper.
- 3) To note that a more mature draft of the EIJB Performance Framework will be presented to the P&D Committee meeting on 30 November 22.

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

## **7. Update on Directions**

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An update on the progress of directions was presented which included the proposal of closing two directions which had been achieved since the last review. Information was also provided on the delayed directions, including the Bed-Base Review and the recruitment of psychological therapists.

Members expressed an interest on the PWC report into the One Edinburgh programme and recognised that, although sight of this would not be possible due to commercial sensitivities, the results of the review would be included in future reporting.

### **Decision**

- 1) To note the status updates provided within the Directions Tracker at Appendix 1 which provide progress on delivery of each direction since the last report to Committee in April 2022 as part of the annual review of directions process.
- 2) To agree the recommendation to close 2 directions as these have now been achieved.

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

## **8. Date of Next Meeting**

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Wednesday, 5 October 2022.

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