

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

1.00 pm, Thursday, 16th November, 2023

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contacts

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1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

- 3.1 If any.

4. Minutes

- 4.1 Minute of the Edinburgh Integration Joint Board of 21 September 2023 submitted for approval as a correct record 5 - 12

5. Forward Planning

- 5.1 Rolling Actions Log 13 - 18
- 5.2 Annual Cycle of Business – Submitted for noting 19 - 24

6. Items of Strategy

- 6.1 Preparations for Winter 2023/24 – Report by the Chief Officer, Edinburgh Integration Joint Board 25 - 40

7. Items of Performance

- 7.1 Finance Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board 41 - 50

8. Items of Governance

8.1	Edinburgh Integration Joint Board Revised Governance Handbook – Report by the Chief Officer, Edinburgh Integration Joint Board	51 - 200
8.2	EIJB Risk Register – Report by the Chief Officer, Edinburgh Integration Joint Board	201 - 238
8.3	Previous Consultation on the Future of Care Homes in Edinburgh – Report by the Chief Officer, Edinburgh Integration Joint Board	239 - 244

9. Committee Updates

9.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	245 - 248
9.2	Draft minute of the Strategic Planning Group of 11 October 2023 – submitted for noting	249 - 252
9.3	Draft minute of the Clinical and Care Governance Committee of 20 September 2023 – submitted for noting	253 - 256
9.4	Draft minute of the Performance and Delivery Committee of 6 September 2023 – submitted for noting	257 - 260
9.5	Draft minute of the Audit and Assurance Committee of 13 September 2023 – submitted for noting	261 - 266

Board Members

Voting

Councillor Katharina Kasper (Chair), Tim Pogson (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, Robin Balfour, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Rose Howley, Grant Macrae, Jacqui Macrae, Allister McKillop, Moira Pringle, Emma Reynish and Pat Togher.

Webcasting of Integration Joint Board meetings

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

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

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Minute

Edinburgh Integration Joint Board

Tuesday 21 September 2023

Hybrid meeting held in the Main Council Chamber, City Chambers, High Street, Edinburgh and via Microsoft Teams

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan, Robin Balfour, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, George Gordon, Matthew Kennedy (substituting for Rose Howley), Peter Knight, Jacqui Macrae, Mike Massaro-Mallinson, Allister McKillop, William McQueen (substituting for Peter Murray), Councillor Claire Miller, Councillor Max Mitchell, Councillor Vicky Nicolson and Moira Pringle.

Officers

Lesley Birrell, Jacqueline Boyle, Colin Briggs, Hannah Cairns, Deborah Mackle, Brickchand Ramruttun and David Walker.

Apologies

Heather Cameron, Elizabeth Gordon, Ruth Hendery, Kirsten Hey, Rose Howley, Grant Macrae, Peter Murray and Emma Reynish.

1. Deputation – Unite Edinburgh Not for Profit Branch

A deputation was submitted in relation to item 6 - Finance Update.

The deputation made the following key points:

- Concerns that no solution had yet been identified to bridge the remaining £14.2m budget deficit noting that discussions with partners on this issue had been positive.
- Concerns that, as highlighted in the Chief Finance Officer's report, if no solution was identified to address the financial gap, a recovery plan would require to be presented to a future meeting of the Board which would result in service reductions leading to poor outcomes for people, worsened performance and endanger delivery of the improvement plan.
- There would also be poorer outcomes for staff – health and safety standards would be undermined and the deputation queried how the IJB could improve recruitment and retention of staff if further cuts were implemented.
- The deputation was concerned about the lack of planning, strategy and funding necessary to address the staffing crisis impacting social care across the city.

Decision

To thank the deputation for the presentation.

2. Minutes

The minute of the Edinburgh Integration Joint Board of 13 June 2023 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

3. Rolling Actions Log

The Rolling Actions Log updated to September 2023 was presented.

Decision

- 1) To agree to close Action 3 – General Medical Services Provision in South-East Edinburgh – Liberton High School Campus.
- 2) Action 1 – System Pressures Update – to note that the briefing would be circulated by the end of September and that an update would also be included in the Improvement Plan Update report to the Board.
- 3) Action 2 – Chief Social Work Officer Annual Report – to note that the report was scheduled to be presented to the October Board meeting.

- 4) Action 4 – Bed Base Review Update – to note that an update on the reframed Frailty Pathways Programme and indicative timelines would be reported in the next Interim Chief Officer’s briefing paper.
- 5) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log September 2023, submitted)

4. Edinburgh Integration Joint Board Audited Annual Accounts 2022-23

The 2022/23 annual accounts for the Edinburgh Integration Joint Board were presented for approval and adoption. The Audit and Assurance Committee had considered the annual audited accounts in detail along with the external audit annual report and the internal audit annual opinion.

The external auditor had provided an unmodified opinion on the annual accounts and had highlighted significant findings and key audit themes together with details of the associated agreed management actions.

Decision

- 1) To note the “amber” rated internal audit opinion for the year ended 31 March 2023.
- 2) To approve and adopt the annual accounts for 2022/23.
- 3) To authorise the designated signatories (Chair, Interim Chief Officer and Chief Finance Officer) to sign the annual report and accounts on behalf of the Board.
- 4) To authorise the Chief Finance Officer to sign the representation letter to the auditors on behalf of the Board.

(References – Audit and Assurance Committee 13 September 2023 (item 6); report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

5. Committee’s Annual Assurance Report – referral from the Audit and Assurance Committee

The following committee assurance statements had been presented to the Audit and Assurance Committee for scrutiny – Clinical and Care Governance Committee – Performance and Delivery Committee, Strategic Planning Group and Audit and Assurance Committee.

The Committee agreed:

- 1) To note the moderate assurance following the review of the committee assurance statements.
- 2) To note there had been no suspension of the standing orders in 2022/23.

- 3) To note that no breaches of the code of conduct had been recorded in 2022/23.
- 4) To note the due date for recruitment of the Chief Risk Officer was December 2023.
- 5) To request that an appendix be added to the report prior to submission to the Edinburgh Integration Joint Board setting out definitions of assurance levels for the purposes of clarification.
- 6) To note the ongoing work with internal audit to align audit and assurance terminology used by the City of Edinburgh Council and NHS Lothian and that a paper detailing this work would be brought to the Audit and Assurance Committee for consideration at its next meeting scheduled for 13 December 2023.
- 7) To note that the Chief Finance Officer would revisit the committees' assurance returns and feedback on any further emerging themes, improvements or actions required.
- 8) To refer the report to the Edinburgh Integration Joint Board.

Decision

- 1) To note the report.
- 2) To ask officers to explore the possibility of making all IJB committees' meeting papers public and to provide an update in the Governance Arrangements report to the October Board meeting.

(References – referral report from the Audit and Assurance Committee 13 September 2023, submitted)

6. Finance Update

An update was provided on the financial performance of delegated services. The level of assurance provided of a breakeven position for 2023/24 was limited, given the remaining budget deficit. Should no resolution be identified over the coming weeks, a recovery plan would be presented to the October meeting of the Board.

Decision

- 1) To note the financial position for delegated services to 31 July 2023 and associated year end forecast.
- 2) To note the limited assurance provided by the Chief Finance Officer.
- 3) To note that the Council's Finance and Resources Committee, on 21 September 2023, had deferred consideration of the revenue monitoring report to a special meeting on 9 October 2023 (or suitable alternative date to be confirmed) to allow the report to be scrutinised in full with full understanding of each Directorate's pressure.

- 4) To note that, that, in the interim, briefing sessions would be arranged between the EIJB's Executive Management Team and Finance and Resources Committee members to understand and consider the reported EIJB budget pressure for 2023/24 and the planned mitigating actions.
- 5) To re-arrange the EIJB meeting scheduled for 10 October 2023 to 17 October 2023 (or such other alternative date to align with the Special Meeting of the Council's Finance and Resources Committee) to allow a further finance update and recovery plan to be provided for consideration.

(References – EIJB Performance and Delivery Committee 6 September 2023; report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

7. Membership Proposal – referral from the Strategic Planning Group

The Strategic Planning Group had referred a report proposing appointments to the membership of the Group to the Edinburgh Integration Joint Board for approval.

Decision

- 1) To approve the following appointments to the Strategic Planning Group:
 - Jean Gray, CEO Viewpoint (Registered Social Housing Representative)
 - Matt Kennedy, Principal Social Work Officer, Edinburgh Health and Social Care Partnership
 - Jane Perry, Director, Bluebird Care Ayrshire, Edinburgh & Glasgow South (Independent Provider of Social Care Representative)
- 2) To note the proposals to fill existing gaps in the SPG membership with immediate effect.

(Reference – referral report from the Strategic Planning Group 16 August 2023, submitted)

8. Chief Officer Appointment to the Edinburgh Integration Joint Board and Health and Social Care Partnership

In terms of Standing Order 7.4, the Board agreed that the following additional report, which had been notified to the Chair at the start of the meeting, should be ruled urgent and considered at this meeting.

Following the approved recruitment process, the Panel led by Edinburgh Integration Joint Board members together with members from the City of Edinburgh Council and NHS Lothian, had agreed to recommend the appointment of Pat Togher to the post of Chief Officer subject to satisfactory pre-employment checks.

Decision

To approve the appointment of Pat Togher to the permanent post of Chief Officer, Edinburgh Integration Joint Board and Edinburgh Health and Social Care Partnership.

(References – Edinburgh Integration Joint Board 13 June 2023 (item 9); report by the Service Director HR, City of Edinburgh Council, submitted)

9. One Edinburgh

The Board agreed, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 6, of Part 1 of Schedule 7A of the Act.

Information was provided on the proposed implementation of a One Edinburgh approach for all homebased support services, to ensure equity of access to quality support across the city for people and their carers.

Decision

- 1) Detailed in the confidential schedule, signed by the Chair, with reference to this minute.
- 2) To note that a public version of the report would be made available following this meeting for distribution as part of the communications plan to all stakeholders.

(References – Edinburgh Integration Joint Board 21 August 2021 (item 11); report by the Interim Chief Officer, Edinburgh Integration Joint Board, submitted)

by virtue of paragraph(s) 6 of Part 1 of Schedule 7A
of the Local Government(Scotland) Act 1973.

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Rolling Actions Log

Edinburgh Integration Joint Board

28 November 2023

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
1	<u>System Pressures Update</u> – report by the Chief Officer, Edinburgh Integration Joint Board	18-10-22	1) To request a briefing note on the budget setting process between the IJB and the Council specifically addressing xtimescales, how the IJB can make representations to CEC and NHSL on staff pay and conditions ahead of the budget setting to ensure these views are taken into account.	Interim Chief Officer, EIJB Contact: Mike Massaro-Mallinson <u>Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk</u>	October 2023 March 2023 Now amended to August 2023	Recommend for closure as this was covered in the briefing on Budget setting protocol circulated to EIJB members on 23 October 2023 November 2023 update Update to be included in the Improvement Plan Update report to the Board. September 2023 update Briefing will be circulated by the end of September. June 2023 update

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
						<p>Work on the MTFS has taken precedence meaning briefing paper has been delayed.</p> <p>February 2023 Update Briefing note is being drafted and will be circulated by the end of March.</p> <p>December 2022 Update The Board agreed to keep this action open and to circulate the briefing note to members as requested in decision 1). This was covered in the budget working group on 25 October.</p>
			2) To hold a development session to discuss the workforce strategy in more detail with members.		November 2023	<p>November Update Workforce development has now been scheduled 18 January 2024 as the 21 November development session has been</p>

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
						repurposed and preparations are already underway for the development session on the 5 December.
2	Chief Social Work Officer Annual Report 2021-22 – report by the Chief Social Work Officer	18-10-22	To agree the next CSWO update report would include more detail on the steps being taken to improve supervision, awareness and recording.	Chief Social Work Officer and Service Director, Performance Contact: Rose Howley Rose.Howley@edinburgh.gov.uk	December 2023	November update Agreed a full update will be provided in the next CSWO report which will be presented to EIJB in December.
3(a)	Bed base review update	13-06-23	Officers to share scoping document of the bed base review with IJB members when available.	Service Director, Operations, Edinburgh Health and Social Care Partnership Contact: Contact: Mike Massaro-Mallinson	September 2023	November update – recommended for closure. An update is included in the Chief Officer’s briefing paper September update This has been reframed as the Frailty Pathways Programme. The

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
				Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk		proposed scope and governance arrangements of this work has been developed and considered at the newly formed Change Board and are in the process of being updated to reflect the discussion. Following this they will be shared with the board. Included in these arrangements is a Programme Oversight Board which will be chaired by a member of the IJB.
3(b)		21-09-23	To note that an update on the reframed Frailty Pathways Programme and indicative timelines would be reported in the next Interim Chief Officer's briefing paper.	Interim Chief Officer, Edinburgh Health and Social Care Partnership Contact: Mike Massaro-Mallinson	November 2023	Recommend for closure as this is included in the next CO briefing paper.

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
				Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk		
4	Committees Annual Assurance Report – Referral from the Audit and Assurance Committee	21-09-23	To ask officers to explore the possibility of making all IJB committees' meeting papers public and to provide an update in the Governance Arrangements report to the October Board meeting.	Chief Finance Officer, Edinburgh Integration Joint Board Contact: Moira Pringle moira.pringle@nhslothian.scot.nhs.uk	November 2023	Recommend for closure as this option is included as a recommendation within the governance handbook covering paper.

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REPORT

Annual Cycle of Business

Edinburgh Integration Joint Board

16 November 2023

Executive Summary

This paper presents the updated annual cycle of business for the Edinburgh Integration Joint Board (EIJB).

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

- a) Agree the process for amending the annual cycle of business going forward.
- b) Agree the updated annual cycle of business attached at appendix 1.

Directions

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

Report Circulation

1. This report has not been considered elsewhere.

Main Report

2. The Edinburgh Integration Joint Board (EIJB) introduced an annual cycle of business (ACOB) at its meeting on 23 June which sets out the planned agenda items for the following year.
3. Any changes made to the AOCB are agreed with the EIJB Chair and Vice Chair at the Agenda Planning Meeting. Whilst these do not tend to be material changes (they mainly relate to the timing of reports) they are not explicitly agreed by the EIJB itself. It is proposed to move to a system whereby when the ACOB is presented to the EIJB, any changes from the previous version are highlighted along with the rationale for the alteration.



The updated annual cycle of business (ACOB) is included at appendix 1, highlighting any changes from the previous version.

4. The following changes have been made to the ACOB since it was last presented to the EIJB and is incorporated into Appendix 1:
 - a) The EIJB meeting on 10 October 2023 has been rescheduled to 16 November 2023.
 - b) Review of Standing Orders, and Committee terms of reference have been incorporated into the governance handbook and this will be presented annually and include revised committee terms of reference and standing orders and will be presented at October meeting annually.
 - c) The Strategic Plan has been moved to the EIJB meeting on 22 April 24 to ensure the Strategic Plan reflects the current financial position the EIJB is facing and allows the incoming Chief Officer the opportunity to influence the shape of the Strategic Plan.
 - d) The report on a Place to Live has been moved from 8 August 2023 to 9 February to allow further work to progress.
 - e) The inclusion of the EIJB Chief Officer briefing paper, which will be provided in line with the publication of the EIJB papers.
5. Agendas for future meetings will be kept under review.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

7. The approach outlined in this paper strengthens Edinburgh Integration Joint Board's members' ownership of the ACOB. This in turn mitigates the risk of the Board not adequately undertaking their duties in line with the agreed terms of reference.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

Pat Togher
Edinburgh Integration Joint Board

Name: Angela Brydon, Operations Manager,

Email: angela.brydon@edinburgh.gov.uk

Appendices

Appendix 1 Edinburgh Integration Joint Board Annual Cycle of Business

Edinburgh Integration Joint Board - Annual Cycle of Business

Grouping	Agenda Item	Frequency	Responsibility	2023		2024								
				16-Nov-23	12-Dec-23	09-Feb	19-Mar	22-Apr	17-Jun	20-Aug	24-Sep	22-Oct	17-Dec	
				Board	Board	Board	Board	Board	Board	Board	Board	Board	Board	
Items of Governance	Conflicts of interest	Every meeting	Committee Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Rolling Action Log (RAL)	Every meeting	Committee Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	EIJB Risk Register	Twice yearly	Operations Manager	✓				✓					✓	
	Calendar of meetings	Annually	Committee Services			✓								
	Board assurance annual report	Annually	Operations Manager								✓			
	Review of Governance Handbook (Includes Standing Orders, Committee terms of reference, code of conduct)	Annually	Operations Manager	✓									✓	
	Escalation Report	Adhoc	Operations Manager											
Appointments Report	Adhoc	Committee Services												
Items of Strategy	Directions Policy	Annually	Service Director - Strategic Planning							✓				
	Annual Review of Directions	Annually	Service Director - Strategic Planning							✓				
	Revised Strategic Plan	Adhoc	Service Director - Strategic Planning					✓						
	Previous Consultation on the Future of Care Homes in Edinburgh	Adhoc	Service Director - Strategic Planning	✓										
	Report on a Place to Live	Adhoc	Service Director - Strategic Planning			✓								
Items of Finance	Finance Update	Every Meeting	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Financial Plan	Annually	Chief Finance Officer				✓							
	Savings and Recovery Plan	Annually	Chief Finance Officer				✓							
	EIJB Annual Accounts	Annually	Chief Finance Officer								✓			
Items of Performance	Annual Performance Report	Annually	Service Director - Strategic Planning							✓				
	Evaluation of Winter Plan 21/22	Annually	Service Director - Operations	✓									✓	
	Chief Social Work Annual Report	Annually	Chief Social Work Officer	✓									✓	
Papers for Noting	Committee Update Report	Every Meeting	Operations Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Annual cycle of business	Every Meeting	Operations Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Briefing Paper	Chief Officer Update Report	In line with every meeting	Chief Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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REPORT

Preparations for Winter 2023/24

Edinburgh Integration Joint Board

16 November 2023

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on preparations that are being made for Winter 2023/24 including plans for enhancing service capacity.

In August 2023 NHSS, Scottish Government and COSLA set out the Winter Resilience priorities as seen in section 5 to guide local partnership and systems planning and preparation.

Winter planning seeks to address specific operational pressures experienced through winter. In tandem with this, the Partnership will maximise system capacity and flow through their change management programme.

The Partnership has completed a Winter Preparedness Self-Assessment as part of the planning process undertaken each year within the Lothian Health and Care system (LHCS). This was approved by NHS Lothian Corporate Management Team (CMT) in September, noting major risks to the system (Appendix 1).

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Note the progress with the planning and preparations for Winter 2023/24.
2. Note the major risks highlighted from the Whole System Winter Self-Assessment and winter planning paper.
3. Note the allocation of winter funding.

Directions

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

Report Circulation

1. This report has not been circulated to any governance committees prior to presentation to the EIJB.

Main Report

Background

2. Winter preparedness planning plays a key role in ensuring NHS Health Boards and Health and Social Care Partnerships are ready to meet the additional challenges likely to be faced over the winter months, and this is still being challenged this year by the cost of living impacts and the legacy of the COVID-19 pandemic which is still being felt across the whole system through increasing demand and workforce pressures.
3. EHSCP Winter Planning Group leads on the planning, monitoring, and evaluation of winter resilience initiatives aimed to support the surge in demand during winter. It has multi-agency and pan Lothian-system representation, including acute, community, winter vaccination, unpaid carers, the 3rd sector, resilience/ severe weather and communication leads with monthly meetings scheduled to run throughout the peak winter period.
4. In August 2023 NHSS, Scottish Government and COSLA set out the Winter Resilience priorities (Appendix 2) for 2023-24.
5. Scottish Government requested that each NHS Board complete a winter preparedness self-assessment checklist with Health and Social Care partnerships, and within NHS Lothian, each HSCP, Acute Services and the Primary Care Directorate have contributed to completing the Whole System Winter Checklist. The Lothian Winter Preparedness checklist and winter planning paper was approved by NHS Lothian Corporate

Management Team (CMT) in September, with major risks to the system noted (Appendix 1 and 2).

6. The Edinburgh Health and Social Care Partnership (the Partnership) has also completed two Whole System Discharge Planning Self-Assessments, in June (Q1) and September (Q2). The major risks noted for the Partnership are:
 - a. the lack of right sized reablement capacity to support timely discharge (D2A1 pathway).
 - b. the cessation of interim beds, with the exception of the allocation within our internal care homes.
 - c. lack of emergency social care beds and our current inability to provide a consistent and rapid end of life pathway to enable palliative care to be carried out in a person's home or homely setting.
7. All of these risks are known to the Partnership and included as priorities for the Partnership and included with the Adult Social Work and Social Care improvement plan. The improvement programme will be overseen by the Change Board, chaired by the Chief Officer and meets monthly.

Financial support for winter pressures

8. In August 2023, the Centre for Sustainable Delivery introduced 5 key portfolios as the Urgent and Unscheduled Care improvement programme, which are:
 - a. Community Urgent Care
 - b. Flow Navigation
 - c. Hospital at Home
 - d. Front Door Flow
 - e. Optimising Flow
9. In order to ensure best use of NHS Lothian Unscheduled Care funding for winter pressures, the approach used by the Partnership involved a submission of proposals from across the system with initiatives scored against a set criteria. This year, to align to the aforementioned Winter Resilience priorities and the 5 key Portfolios for Unscheduled Care, the criteria for winter proposals has been updated to:
 - a. Reducing attendances
 - b. Preventing unnecessary presentation at Emergency Department

- c. Hospital at Home (includes Frailty/ Respiratory/ Home IV)
- d. Front Door Flow 0-72h
- e. Optimising Patient Flow / Discharge without Delay (DwD)
- f. 7 Day working/ Discharge

10. The Partnership winter allocation for 2023/24 is £170,000. Building upon the lessons learned from previous winter evaluations, the Partnership are supporting 8 proposals this winter. Successful proposals are outlined in table 1 and all will be funded for a 4 month period with the exception of the Community Advance Nurse Practitioner to Support Prevention of Admission, which will be for six months.

Table 1

Proposal title	Outline Aim
Respiratory-Community Respiratory Team (CRT)	To support people with respiratory conditions beyond COPD with assessment, treatment, and self-management of acute chest infections with a focus on prevention of hospital admissions. Collaboration with secondary care clinicians where appropriate regarding the deteriorating patient.
HaH Weekend Working	To provide a robust Medicine of the Elderly (MoE) oversight over patients admitted to Hospital at Home (HaH) at the weekend. Currently HaH services only accept Emergency Department (ED) supported discharges and patients known to the service in the previous 6 months at the weekend. There is at most 4 admissions per weekend. This proposal aims to fund a weekend MoE consultant rota to test out remote clinical decision-making support to HaH services at the weekend (8am - 8pm) to support increased weekend admissions to Edinburgh, Midlothian and East Lothian HaH services aiming to admit up to 20 patients per weekend.
Community ANP to support Prevention of Admission	To support prevention of avoidable admissions and facilitate earlier discharge for the frail elderly by aligning a Community Advanced Nurse Practitioner with Community Geriatricians and the South Edinburgh Hubs over winter.
Improving community care and support with people	To develop and test a framework approach for multi-agency working (GIRFE) across adult health and social care to improve community care outcomes for people who frequently attend at the ED at the Royal Infirmary of Edinburgh (RIE). A cohort of individuals who have

who frequently attend the ED	been recently identified as frequently attending the ED and who may benefit from engaging with the multi-agency approach will be referred to this approach to establish whether early referral can positively impact outcomes for the individual.
Multi-agency approach to improving delirium prognosis and wellbeing outcomes	To develop and test a framework and practice model to improve a coordinated response to community care for older people returning home from hospital with a delirium diagnosis who are at high risk of readmission, to improve outcomes through a multiagency, multifactorial strength-based approach to treatment, care and support.
Community Resilience Team	To focus on prevention of admission to hospital and presentation to statutory services over the winter months for people 60 and over who are impacted by the cost of living crisis and at risk of severe decline of all aspects of their health through utilisation of a reactive fund to support those with highest need. To provide a proactive response and community support to elderly people presenting at the ED/ Acute Medical Unit (AMU) (RIE) who can be discharged home within 72 hrs.
VOCAL - Surviving Christmas: Providing Support for Unpaid Carers	To provide support to approximately 200 unpaid carers over the festive period, on Christmas Day and New Year, through a series of emotional support groups, drop-in sessions, short break visits to local attractions, and recreational activities.

- In addition to the funded proposals, discussions are underway with colleagues at the Flow Navigation Centre to enhance professional to professional support for Edinburgh residents at risk of admission with a particular focus on frailty and respiratory conditions.

Winter Vaccination

- The Autumn-Winter vaccination programme for adults began early September and aims to offer vaccination to all eligible citizens by December 2023, with ongoing opportunities thereafter. Vaccinations in care homes and housebound commenced in September with co-administration of covid and flu and were complete in October. Three main clinics run 7 days across the city in Ocean Terminal, Gyle Centre and Waverley Mall. These clinics are supplemented by weekend clinics in South Queensferry, Craigmillar, Conan Doyle and Pennywell for local access.
- Staff vaccinations clinics commenced across the Partnership in early October. There are various drop in staff clinics across acute sites in Lothian and staff can book an



appointment at any public clinic throughout the Partnership. Staff in care homes have been offered their vaccines when visited by the care home vaccination service.

14. We are also supported by community pharmacy with 17 participating pharmacies across the city providing capacity specifically for over 75 population, with opportunistic vaccinations taking place where possible. We provide a total of c230.000 appointments across Edinburgh and have a predicted uptake of around 75% of the total population of eligible citizens.

Partnership Communications

15. Communication plans this year include a dedicated focus on prevention and self-management resources available for the public in tandem with internal communications for practitioners to be better equipped to support and signpost people appropriately. The Partnership are working with Home Energy Scotland (HES) to promote resources aimed at fuel poverty and cost of living crisis to support people throughout winter. The communication team will also support the Partnership's recruitment drive and regularly signpost people in relation to:
 - a. support for unpaid carers
 - b. support for their mental health
 - c. using the right services at the right time over winter
16. The Partnership winter communications this year will focus on giving guidance, information and reassurance over winter, reducing pressure on acute services and primary care. Communicating to front line colleagues the importance of getting vaccinated and highlighting the Partnership's contributions to keeping Edinburgh healthy, safe and well over winter.
17. The Partnership will have internal and external messaging for all but will primarily focus on unpaid carers, vulnerable adults and their families, and our front line health and social care colleagues. The Partnership will reach people using our websites for the Partnership and iThrive, social media, Nextdoor, colleague newsletters and hub, emails, publications like our Coorie in this Winter, and through stakeholder engagement.

Maximising System Flow and Capacity

18. Alongside specific winter plans, the Partnership will be pressing on with its priority change management programme which will include:

- a. Expansion of Discharge without Delay (DwD) which includes acute MoE wards in the Western General Hospital (WGH) and front door Early Supported Discharge (0-72 hrs) at RIE and there will be a heightened level of system working with a clear shared focus on discharge planning, including enhancing the discharge profile at weekends.
 - b. Funding for 2 additional Flow Coordinators has been agreed for the Edinburgh Flow and Discharge Hub to support admission and discharge pathways across Edinburgh creating capacity for enhanced discharge planning in Intermediate Care as well as extra capacity to the overall Hub team.
 - c. One Edinburgh/Reablement capacity will be enhanced this winter due to full implementation of Total Mobile and the Care at Home Brokerage, Triage and Review Teams are now fully operational.
19. The EIJB agreed to end our interim beds placement initiative from October 2023 after Scottish Government funding was no longer available. There is unlikely to be any additional bed capacity released or realised over winter. The implication of ceasing interim beds over winter has been articulated to the Cabinet Secretary and Scottish Government officials.

Implications for Edinburgh Integration Joint Board

Legal / risk implications

20. The Whole System Winter Planning Checklist was presented at the NHS Lothian CMT along with the Winter Planning paper on 26 September 2023. CMT approved the paper and noted the major risks identified therein, which are:
- a. Surges in infectious disease
 - b. Poor weather
 - c. Cost of living impacts such as heating and food costs
 - d. Fragility of the social care system, particularly in the independent care sector
 - e. Financial limitations making it impossible to action additional interim care beds in the system
 - f. Financial limitations making it impossible to action additional NHS capacity in the system
 - g. Reduction in capacity at RIE to facilitate fire safety works
 - h. Recruitment
21. Additionally, specific local risks have been identified as:



- a. Ability to recruit to short-term posts that are required only for surge capacity and do not require permanency. To mitigate this, efforts have been made to commence the recruitment process as soon as proposals were agreed; some posts being recruited to on a longer term or permanent basis as well as engaging with current staff to support additional hours.
- b. Some initiatives may not deliver the desired or expected outcome. To mitigate this we will be carrying out ongoing and close monitoring of project progress such as change from baseline data, feeding back to Winter Planning team.
- c. Non availability of Social Work Services and access to care home beds on Saturday and Sunday, except emergencies.
- d. There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy leading to increased risk of harm and well as poor patient and staff experience.

Equality and integrated impact assessment

22. An integrated impact assessment was undertaken in November 2020 to consider both the positive and negative outcomes for people with protected characteristics and other groups. This will be refreshed in December 2023 but as proposals are based on previous years evidenced interventions, it is not predicted that there will be any significant changes. On completion of the refreshed IIA, the Partnership Winter Planning Group will take forward any recommended actions.
23. Local residents will continue to benefit from the provision of person-centred care, with improved access to services in a timely manner and providing care closer to home within our expanded Hospital at Home, CRT and Home intravenous services. Admission to hospital will be avoided wherever possible and the quality of discharge will be enhanced as we implement the new Lothian Discharge Framework. Additional support being put in place through the community resilience team and other 3rd sector services for adults and unpaid carers will enhance the support of those most in need. We will do our level best to mitigate the worst effects of the cost of living crisis.

Environment and sustainability impacts

24. Public safety will be improved through identifying vulnerable people in the community and ensuring support is in place, protecting their interests during periods of severe weather.
25. Improving infection control through care management at home.

26. Improving physical and digital environment through improved links with ATEC24 to provide equipment as required.

Quality of Care

27. There is a risk that community infrastructure cannot meet demand, resulting in a continued reliance on bed- based models, with associated risk to site flow, ED crowding and staffing. The Partnership, however, has a risk mitigation plan to reduce bed occupancy and delayed discharge.
28. Experience from previous years leads us to anticipate enhanced challenges to flow due to staff absence, influenza and norovirus. Failure to achieve the delayed discharge trajectories will impact on system wide flow but will be rigorously monitored.
29. A potential resurgence in prevalence of COVID-19 may also impact on admissions and staff availability.
30. The Partnership would also expect a surge in respiratory-related admissions and re-admissions over the winter months, although these will be mitigated to a degree by the expansion of both the scope and capacity of the CRT.

Consultation

31. Winter plans have been developed in close consultation and coproduction with relevant parties through the director of Strategic planning NHS Lothian, the NHS Lothian Unscheduled Care Committee and the Partnership Winter Planning Group.

Report Author

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Appendices

Appendix 1- Winter Preparedness Self- Assessment Checklist

Appendix 2- Winter Resilience Priorities

APPENDIX 1



WHOLE SYSTEM CHECKLIST RETURN - AREA DETAILS

Board NHS Lothian

drop down box

Board Chief Executive Calum Campbell

Number of integration partnerships 4

Partnerships City of Edinburgh, East Lothian, Midlothian, West Lothian

Chief Officers Judith Proctor, Alison Macdonald, Morag Barrow, Alison White

Submitted by Colin Briggs, Director of Strategic Planning
Approved by Jim Crombie, Deputy Chief Executive
Date of approval 21st September 2023

SUMMARY DASHBOARD

#	Area	Progress	Status	Partial	No	Yes	n/a
1	Section 1	Approved	Partial and/or No	1	1	8	0
2	Section 2	Approved	Partial and/or No	5	4	11	1
3	Section 3	Approved	Partial and/or No	3	0	14	0
4	Section 4	Approved	Partial and/or No	5	1	5	0

ERROR - Joint Directors of Health and Social Care
 Partnerships Fiona Wilson East Lothian
 Mike Massaro-Mallins Edinburgh (acting)

Section 1

[Back to summary page](#)

Progress Status	Approved
Overall Status	Partial and/or No

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Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Overarching principles	1.1	There are sufficient mechanisms in place to support the collaboration and co-operation with other Boards and Partnerships in the delivery of health and care.	Yes		1
Overarching principles	1.2	Plans have been developed through joint working between the Board, associated HSCPs, and other key partners (i.e. Primary Care practitioners, SAS, Scottish Prison Service, care at home and care home providers etc.). It is clear to all parties how plans will be delivered through joint mechanisms.	Partial	As part of our Unscheduled Care Programme Board arrangements. Marked as partial due to mention of "Scottish Prison Service" in the question. We work closely with SPS through our two prisons and the provision of healthcare but are unaware of specific actions for SPS we should be undertaking over and above these elements.	53
Overarching principles	1.3	Winter Planning includes demand, capacity, and activity plans across all health and care delivery (including urgent, unscheduled, social care and planned care provision).	Yes	In place as part of our unscheduled care programme arrangements. We continue to work on improving the visibility of capacity information across the system, including virtual and social care capacity.	30
Resilience preparedness	1.4	Planning for winter reflects identification of surge capacity to ensure capacity is made across the health and care system to allow new emergency admissions to be accommodated.	No	Surge capacity within the system is extremely limited. Urgent fire safety works within the Royal Infirmary of Edinburgh have meant that capacity in East Lothian Community Hospital and Midlothian Community Hospital that would previously have counted as "surge" capacity is no longer available. Interim Care Beds in East Lothian, Midlothian, and Edinburgh are not available this year due to lack of funding. This has been identified to SG and in particular the chair of Edinburgh IJB has identified this to the Cabinet Secretary. We await a definitive answer on this but beds will be closed on 30th September. We will of course continue to focus on H@H and associated.	109
Resilience preparedness	1.5	Business Continuity Management arrangements are in place and regularly reviewed, exercised, and updated. These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance including: •NHS Scotland Standards for Organisational Resilience 2018.	Yes	Tested regularly.	2
Resilience preparedness	1.6	Plans have identified potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from Winter 2022/23 in addition to concurrent risks. Resilience Teams are involved in winter preparedness to ensure that business continuity management principles are embedded as part of year-round capacity and service continuity	Yes	In place, tested regularly. Clearly infection rates and day-to-day planning remain significant risks.	13
Resilience preparedness	1.7	Business Continuity plans take into account critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios	Yes	Tested regularly.	2
Resilience preparedness	1.8	Business continuity plans include response(s) if a clinical system outage occurs and the steps required to ensure continuity of services.	Yes	Tested regularly.	2
Communications	1.9	Local communication plans: A review has been undertaken of communication channels to ensure that key messages about winter planning are clearly and consistently delivered to all parties, involved. This includes : a) Key partner communication protocols b) OOH information including four day festive period c) Surgery hours & access arrangements General practices contingency plans for respiratory disease outbreaks d) Signposting to Scottish Government assistance for households struggling to meet their	Yes	As standard.	2
Step up / Step down care	1.10	Boards and HSCPs can evidence plans to increase the provision of intermediate care to impact positively on patients and services over the winter; and work towards building sustainability for the future.	Yes	Significant inpatient intermediate care is in place across all four partnerships. In addition, the rate of provision of Hospital at Home in Lothian appears to be the highest in Scotland.	30

Section 2

[Back to summary page](#)

Progress Status	Approved
Overall Status	Partial and/or No

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Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Urgent & Unscheduled Care	2.1	To ensure Right Care is provided in the Right Place, a 24/7 Health Board Flow Navigation Centre is in place to offer rapid access to a senior clinical decision maker as well as the option of appointments via Near Me.	Yes		1
Urgent & Unscheduled Care	2.2	Effective communication protocols are in place to support whole-system situational awareness of emerging pressures. Monitoring of key indicators across the system forms the basis of huddle discussions. This 'early warning system' should highlight areas of concern and drive action to maintain or regain a balanced system.	Yes	Daily safety huddles are in place on all hospital sites and in community teams. Gold Command Structures are well-tested and a weekly "System Pressures CMT" will operate throughout winter, more frequently if required	33
Urgent & Unscheduled Care	2.3	Robust communication processes are in place across each hospital site, following Discharge Without Delay (DWD principles) including morning hospital-safety huddles, focusing on the day's activity and current status, and afternoon huddles, setting Planned Date of Discharge and using this to predict capacity and demand for the next day.	Yes	Business as usual	3
Urgent & Unscheduled Care	2.4	Emergency Physician in Charge (EPIC), Flow Co-ordinator roles are in place where possible to provide dedicated leadership in Emergency Departments. A Discharge Co-ordinator is in place in each ED to act as a single point of contact (SPOC) to arrange rapid discharge from ED and take responsibility for co-ordinating community support.	Yes	Business as usual	3
Urgent & Unscheduled Care	2.5	Pathways are in place which provide care closer to home through pathways such as Hospital at Home for Older People; Respiratory Rapid Response and Out-patient Parental Antibiotic Therapy (OPAT); and supported by appropriate digital interventions such as Remote Consultation by phone and Near Me and Remote Monitoring, call before convey with SAS and flow navigation hub working to maximise virtual/remote Monitoring.	Yes	Business as usual. It is our understanding that the Lothian system has the highest rate of provision of H@H and associated services in Scotland, and we continue to look to expand and maximise this.	34
Urgent & Unscheduled Care	2.6	Boards and Partnerships have effective organisation of care across between primary and secondary care so that patients receive high-quality care and the best use is made of clinical time and resources in both settings. This could be through a mechanism such as an Interface Group	Yes	Business as usual	3
Urgent & Unscheduled Care	2.7	Escalation procedures are directly linked to a plan which encompasses the full use of step-down community facilities.	No	step-down community facilities are already fully utilised with no additional capacity available due to withdrawal of funding for interim care beds.	21
Urgent & Unscheduled Care	2.8	Boards and HSCPs have additional festive arrangements, over the four-day public holiday, planned in collaboration with partner organisations such as Local authorities, Police Scotland, SAS and the local Voluntary Sector and in line with recommendations from the Four Day Public Holiday Review	Yes		1
Urgent & Unscheduled Care	2.9	Patients identified as being at high risk of admission from both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge	Yes		1
Urgent & Unscheduled Care	2.10	Processes are in place to enable patients with respiratory conditions and those who are frail are given the opportunity to have an anticipatory or future care plan. There should be a system in place for identifying these individuals and it should be clear which professional clinical groups will take a lead on having these care planning conversations depending on the persons circumstances	Yes		1
Urgent & Unscheduled Care	2.11	Pathways are in place for patients who are identified as 'frail' and those with respiratory or cardiac exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions.	Partial	Yes for respiratory. For cardiac we assume this relates to "heart failure" and we await confirmation of SG funding to support this. However, given the delay to this confirmation, it is unlikely that this will be fully up and running for this winter.	43
Urgent & Unscheduled Care	2.12	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. People with heart failure and those who are living with frailty should be given the opportunity to have an anticipatory or future care plan	Partial	Business as usual for respiratory conditions and frailty. For Heart Failure we await confirmation of funding availability from SG.	19
Urgent & Unscheduled Care	2.13	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. Remote consultations via phone or Near Me video	Partial	Near Me video consultation is not in place.	8
Urgent & Unscheduled Care	2.14	For Health Boards with Major Trauma Centres (Grampian, GGC, Lothian, Tayside), to incorporate into their winter surge plans, assurance of sufficient safe staffing on MTCs (both adult and paediatric) to ensure Scottish Trauma Network MTCs will continue to deliver high quality, integrated, multi-speciality care to severely injured patients. Further consideration is also required for those Boards with Major Trauma Units to similarly support safe staffing.	Partial	We will make every effort to ensure appropriate staffing in all clinical areas, but it is important to note that there can be no guarantees.	25
Urgent & Unscheduled Care	2.15	Where admission is necessary, ensure there is a mechanism and/or agreements in place with primary care and secondary care clinicians to minimise delays in pathway, and avoid multiple discussions that can lead to delays; recognising that in periods of increased demand, general practice may not have the functional capacity to follow the usual processes such as pathways for admission	Yes		1
Planned Care	2.16	Plans are in place to maintain activity over winter for planned care, including outpatients and inpatient / daycase, diagnostics, imaging and cancer, with plans considering the impact of increased unscheduled admissions on planned care activity. Planned care activity will not be paused or cancelled routinely – if Health Boards need to consider this as part of their business continuity / escalation plans it needs to be discussed and agreed in advance with Scottish Government.	No	We have plans in place to ensure the maintaining of scheduled care activity, and this is built into the scheduled care plans submitted for agreement as part of the ADP process. We have marked this as "no" as while we will only pause elective activity when no other options are available, it is not in our plan to discuss every case with Scottish Government.	64
Planned Care	2.17	Health Boards are considering opportunities to maximise capacity through Pooled Lists - locally for high volume specialties and pooled lists regionally / nationally for those patients waiting the longest.	Partial	We have progressed pooled lists locally and shown good progress. However, pooled lists nationally/regionally would require levels of clinical governance which require careful national thought.	25
Planned Care	2.18	Health Boards are making use of the National Elective Coordination Unit (NECU) to support admin and clinical validation.	No	NHSL is in active discussion with NECU about how this can be effectively rolled out.	15
Planned Care	2.19	For those Health Boards with National Treatment Centres (NTCs), plans are in place to enhance and maximise use of the NTCs through winter and beyond.	n/a	We are streaming patients to NTC-Fife from October onwards. We continue to work on the OBC for the NTC at St John's Hospital, per the First Minister's announcement in 2015.	30
Planned Care	2.20	Discharge – close partnership working is in place, including the third and independent sector, to ensure that adequate care packages are in place in the community to meet all discharge levels.	No	We would have to be clear that there is not the confidence to state that "adequate care packages are in place in the community to meet all discharge levels"	29
Digital assets	2.21	Plans are in place to support the availability of Near Me video consultations to optimise estate and workforce capacity.	Yes		1

Section 3

[Back to summary page](#)

Progress Status	Approved
Overall Status	Partial and/or No

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Subsection	#	Statement	Response	Rationale for response rating	Words
Primary Care	3.1	Plans are in place to support General Practice (and where necessary other independent contractors) to manage provision of core General Medical Services (and sustainability more widely) over the winter period. Specific reference should be made to contingency arrangements where practices are unable to open (or provide General Medical Services) due to staffing or other reasons. Health Boards and HSCPs should ensure that where services are reduced or unavailable they support the practice with communications to patients including alternative arrangements.	Yes	Business continuity/resilience guidance already provided to independent contractors, and will be refreshed with recent learning. HSCPs supporting business continuity plans, however we are clear this is an independent contractor's responsibility. If services are significantly compromised then support will be provided with communication to patients.	44
Primary Care	3.2	Maximising Multi-Disciplinary Teams (MDTs) Plans explicitly reference the use of MDTs within OOH services; indicate where increased use of MDTs are in place. This includes increasing capacity of senior clinical and non-clinical leadership, use of multidisciplinary teams and availability of professional-to-professional advice across acute and community.	Yes	Lothian's GP Out-of-Hours Service (LUCS) is delivered through MDTs and we have a nominated Senior Clinical Decision Maker and clinical on-call in place at all operational times. For winter 23/24 we will have improved arrangements in place to better manage our flow to ensure timely access to care for patients. We have an existing prof-to-prof line in place for community professionals which is well used.	65
Primary Care	3.3	Executive level overview and oversight for Out of Hours (OOH) A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place. There is Board Executive level oversight of OOH to support resilience, explore other operational solutions and agree appropriate escalation plans during the winter period given	Yes	Director of Primary Care has signed off escalation plans which have been updated with learning from public holidays over 2023. Escalation plan has been agreed with other services (EDs and flow centre) and additionally discussed and signed off at CMT level.	41
Primary Care	3.4	Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience. The plan puts Primary Care OOH within the context of winter readiness preparedness, as part of the urgent/unscheduled care landscape and whole system local planning, including community and social care responses through urgent care resource hubs/flow navigation	Yes	LUCS works closely with NHS24 and SAS. Established pathways in place from SAS GP advisors to LUCS, as well as pathways from FNC to LUCS, and ED to LUCS.	29
Primary Care	3.5	NHS Board Directors of Dentistry engage with NHS 24 to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours care during the winter period	Yes	NHS24 have confirmed their support for the festive public holidays for access to urgent dental out-of-hours care. Rotas in place for the dental out-of-hours service.	25
Primary Care	3.6	Provision of OOH dental services Plans reference provision of dental services; services are in place either via general dental practices or out of hours centres. This should include an agreed escalation process for emergency dental cases, i.e. trauma, uncontrolled bleeding and increasing swelling.	Yes	As above, in place.	4
Primary Care	3.7	Working with mental health services HSCPs should have clear arrangements in place to enable access to mental health crisis teams/services 24/7, including availability of professional to professional advice for out of hours services particularly during the festive period	Yes	LUCS has agreed pathways to MHAS and to West Lothian Acute Mental Health services. HSCPs have community mental health services available.	21
Primary Care	3.8	Increased level of professional-to-professional advice Boards and HSCPs have increased, where possible, the availability of professional to professional advice across acute and the community to ensure the patient receives right care in the right place at the right time	Yes	Prof-to-prof in place to access GP OOH service access via FNC for acute	13
Primary Care	3.9	Working with social care OOH Plans demonstrate consideration to social care services and where possible close links are in place for emergency respite, community alarm services and home care provision. OOH Plans will identify how Care Homes will be supported with timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home.	Partial	As detailed above, planning for social care services is robust within each HSCP. Care Homes can access professional support and clinical advice in the same way as the general public OOH. We do not have the financial or human resources to provide the level of support suggested in the statement and could not objectively evidence this.	56
Primary Care	3.10	Winter readiness plans consider the needs of those living with a mental health, learning disability, neurodiverse or dementia diagnosis, including the needs of carers.	Partial	. Each HSCP has business continuity plans in place for mental health, learning disability, and dementia (and similar) conditions. We would very much welcome greater clarity on what the definition of neurodiverse relates to in this context and on what services are expected for those with a diagnosis fitting that definition.	51
Primary Care	3.11	Plans to ensure appropriate staffing levels include consideration of mental health services and the need to maintain support for service provision and patient rehabilitation (such as suspension of detention), including for forensic mental health patients.	Yes	This is business as usual.	5
Primary Care	3.12	The discharge partnership working plans include consideration of those requiring mental health supports and/or being discharged from a mental health setting, including the unique support package needs of those leaving forensic inpatient settings or with complex care needs	Yes	This is business as usual.	5
Primary Care	3.13	Plans ensure continued access to dementia diagnosis services for both inpatients and those in the community, ensuring people have care and treatment appropriate to their needs and any potential dementia-related issues are recognised and addressed.	Yes	This is business as usual.	5
Primary Care	3.14	Plans are in place to ensure data is available to monitor the performance of mental health services throughout the winter.	Partial	We believe that this is business as usual and that we have a robust approach to the use of data. We would welcome greater clarity and objectivity in the statement, which could cover a very very broad series of datasets and definitions of performance.	44
Prisons	3.15	Plans are in place to ensure that the delivery of prison healthcare, including mental healthcare, is maintained and that there are appropriate levels of healthcare staff in prisons to deliver efficient and effective patient care.	Yes	We believe that this is business as usual and not sensitive necessarily to winter issues, but again it would be helpful to understand the precise definitions of "efficient and effective patient care" here.	33
Social Care	3.16	Care at home assurance boards and care home assurance arrangements are in place to ensure all risks in care provision are recorded and appropriate mitigating actions are put in place.	Yes	Each HSCP has a group overseeing this, meeting weekly, and an NHSL Programme Board chaired by the Nurse Director for Primary and Community Care which deals with these.	28
Social Care	3.17	Capacity to deliver key public protection functions is in place e.g. child and adult protection, MAPPA (Multi Agency Public Protections Arrangements)	Yes	This is business as usual.	5

Section 4

[Back to summary page](#)

Progress Status	Approved
Overall Status	Partial and/or No

Manual dropdown - use this box to track your progress

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Subsection	#	Statement	Response	Rationale for response rating	Words
Workforce	4.1	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed Term contracts (or a combination of these). Work undertaken with local college and HEI student workforce to offer holiday shifts and regular part time contracts can be evidenced.	Yes	Business as usual	3
Workforce	4.2	Boards and HSCPs are continuously deploying the range of tools available to them to support efforts aimed at staff retention. For Boards, this is including but not limited to those set out through DL (2022) 30: DL(2022)30.pdf (scot.nhs.uk) to enable those staff who have retired to return to work on a part time basis should they wish to do so	Yes	Business as usual	3
Workforce	4.3	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care, ensuring consistent effective discharge planning takes place over 7 days and the holiday periods. This requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications. For HSCPs, this includes sufficient social work staff and others	Partial	Plans to deliver all of this are in place (including in our Hospital at Home programs) but there is a workforce issue with regard to social work staffing, where there are insufficient numbers in place to be able to provide 24/7 input.	42
Workforce	4.4	A strategy is in place for the deployment of volunteers over winter, making appropriate use of established local and national partnerships. Investment in and funding of local voluntary and third sector organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community can be evidenced.	Partial	Funding is in place for some elements, but we cannot confirm that we will fund all potential options.	18
Workforce	4.5	Staff are appropriately supported to access the range of available local and national staff wellbeing resources. This includes Primary Care independent contractor staff.	Partial	Business as usual, for all NHSL-employed staff. Independent contractors can access small grants from our NHSL Charity and can access national resources. We note that independent contractors are their own employers.	31
Workforce	4.6	In relation to potential adverse weather, Boards and Partnerships have contingency plans in place covering staff disruption to manage the impacts – for NHS this is specifically according to DL(2022)35.pdf (scot.nhs.uk). Staff are fully aware of the contingency plan	Yes	Business as usual	3
Seasonal outbreak	4.7	COVID-19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing All patient-facing Health and Social Care Staff (and this includes Primary Care independent contractor staff) have easy and convenient access to the Covid-19 and seasonal flu vaccines and that: i. clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. ii. drop-in clinics are also available for staff unable to make their designated appointment. iii. peer vaccination is facilitated, where possible, to bring vaccine as close to the place of work for staff as possible. iv. information and guidance is provided to staff on how to book appointments via the online portal or the National Vaccination Helpline. v. Information and guidance/ promotional materials are provided to staff specific to the benefits for HC staff in receiving the vaccine.	Partial	We believe we have a robust program in place which meets the spirit of this statement, but two caveats are noted. Firstly, some elements of this require consistent national messaging and delivery, and secondly, it is not possible to be completely sure that our program meets some of the subjective definitions in the statement, such as "convenient locations".	58
Seasonal outbreak	4.8	Plans take into account the predicted surge of Covid-19 as well as other viruses including seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks and the impact these have on services (health and social care inclusive of primary care) across this period.	Partial	In place, but we would note that forecasts of infectious disease do not cover all eventualities, and that inevitably these eventualities will also include staff sickness. The statement asks for assurance on an extremely broad range of unpredictable scenarios which we would not objectively be able to evidence.	48
Seasonal outbreak	4.9	Adequate resources are in place to manage all potential increases in Covid-19 including possible new variants with increased severity, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. Debriefs should be undertaken following significant outbreaks or end of season outbreaks to identify lessons and ensure system modifications to reduce the risk of future outbreaks	No	The Lothian system would not be able to objectively evidence that it can "manage all potential increases in Covid-19 including new variants..." etc, and cannot give this assurance.	28
Seasonal outbreak	4.10	To help detect early warnings of imminent surges in activity, Boards routinely monitor PHS weekly publications, showing the current epidemiological picture on COVID-19, RSV, Norovirus and influenza infections across Scotland, and PHS Whole System Model Winter outputs	Yes		1
Seasonal outbreak	4.11	Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings	Yes	Business as usual	3

8. Officials have drawn from the priorities agreed in October 2022 between Ministers and COSLA Leaders to frame the approach for 2023/24, which aim to put people and prevention at the centre of the response, and provide a focus for local systems to maintain resilient services. These priorities and actions will be incorporated into the Scottish Government and COSLA joint Health and Social Care Plan. The below sets out the high-level priorities and provides select examples of actions that are proposed to sit below the priorities:

- i. **Where clinically appropriate, ensure people receive care at home, or as close to home as possible.** For example, through the use of Near Me video consultation; and through improving care pathways in the community and improving links across primary and secondary care as well as social care.
 - ii. **Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to manage their own health, and that of their families, better.** This would involve clear messaging to signpost people to the most appropriate service for their needs.
 - iii. **Support delivery of health and social care services that are as safe and sustainable as possible.** This priority would be supported through national recruitment campaign activity for the social care workforce to maximise recruitment and retention.
 - iv. **Maximising capacity and supporting our valuable workforce to meet demand.** For example, work is underway to improve the collection and flow of data in relation to capacity across social care.
 - v. **Protect planned care with a focus on continuing to reduce long waits.**
 - vi. **Prioritise care for the most vulnerable in our communities.** This priority will be supported through strong partnership working with the third and independent sector who play a key role in supporting
-
- vii. **Work in partnership to deliver this Plan,** including through existing joint national governance structures to recognise and mitigate evolving risks and enable an effective whole system response to pressure. Both Ministers and COSLA Leaders will be updated on progress in relation to system and surge pressures throughout the winter period.

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REPORT

Finance update

Integration Joint Board

16th November 2023

Executive Summary	<p>The report provides the Integration Joint Board with an update on the financial performance of delegated services. Following additional support being agreed by the City of Edinburgh Council and NHS Lothian reiterating their financial commitment, the level of assurance provided of a break-even position for 2023/24 has improved to moderate.</p>
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Recommendations	<p>It is recommended that the board notes the:</p> <ul style="list-style-type: none"> a) financial position for delegated services to 30th September 2023 and associated year end forecast; and b) moderate assurance provided by the Chief Finance Officer.
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Directions

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

Report Circulation

1. The financial positions highlighted within this report have been considered through the appropriate governance structures of our partners, the City of Edinburgh Council (the Council) and NHS Lothian.

Main Report

Background

2. In March 2023, the Integration Joint Board (IJB) considered the 2023/24 financial plan and agreed the first phase of the associated savings and recovery programme (SRP). The second phase of the SRP, along with further mitigating actions, was subsequently agreed in June 2023. At this point the plan remained unbalanced with a deficit of £14.2m. The board accepted the recommendation from officers that bridging this residual budget gap would require a series of measures which would have significantly negative in-year and future year consequences for people and performance more generally.
3. Discussions with senior officers in the Council and NHS Lothian had been taking place both in advance of, and following, the decision of the IJB in June. In parallel, a financial recovery plan was being developed in the event that no additional support from partners was forthcoming.
4. On 21st September 2023 the Council's Finance and Resources Committee (F&R) considered the projected Council-wide revenue budget position for the year. This was based on analysis of the first three months' financial data and forecasts of income and expenditure for the remainder of the year. Following discussion, the report was referred to a special meeting of F&R where this could be scrutinised in full, with full understanding of each Directorate's pressures. The meeting took place on 23rd October 2023 where the committee considered an update on the first Council-wide in-year revenue monitoring report for 2023/24.
5. A key element of the consideration of the report was the proposal to utilise the Council's 2022/23 underspend to increase the budget delegated to the IJB by £14.2m. This in turn would address the deficit at the point in time when the Board set its budget in June 2023.

6. A recommendation was made to a meeting of the Council on 2nd November 2023. A link to the full report is [here](#). Following debate, twenty individual points were agreed, including:

'To agree that the Council's 2022/23 underspend of £13.3m and additional resource of £0.9m be made available, only to the extent required and no more, to meet the projected 2023/24 EIJB overspend of £14.2m.'

7. A number of the other points related to strengthening the relationships between the 3 partners: the IJB; NHS Lothian; and the Council. Officers of the organisations concerned are actively considering how best to address the individual points. Progress will be reported through the governance arrangements for the individual corporate bodies, including the IJB.

Overview of financial position

8. In line with the integration scheme, the IJB “directs” budgets back to our partner organisations who provide the associated services. Most of these services are delivered through the Edinburgh Health and Social Care Partnership (EHSCP), with the balance being managed by NHS Lothian under the strategic direction of the IJB. Management of financial performance is undertaken through the governance arrangements in the 2 partner organisations and the Partnership.
9. Budget monitoring is undertaken by the finance teams within the Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. Both partners provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Chief Finance Officer, to provide reports to the board on delegated health and social care services.
10. The information in this report is based on the period 6 (September 2023) monitoring reports from the Council and NHS Lothian. A potential year end overspend of £27.2m is forecast, as summarised in table 1 below. This is an improvement of £1.8m over the position reported to the IJB in October 2023. Additional income for pay awards and new medicines (received from the Scottish Government via NHS Lothian) offset by a deterioration in the prescribing position are the main reasons for the change. This paper focuses

on how a balanced financial position by the year end can be achieved. Additional information on the underlying drivers of the financial position will be presented to the Performance and Delivery Committee on 29th November for more detailed scrutiny.

	Annual Budget £k	To September 2023			Year end forecast £k
		Budget £k	Actual £k	Variance £k	
NHS services					
Core	339,718	162,342	163,493	(1,151)	(2,642)
Hosted	106,650	49,545	49,446	98	446
Set aside	115,333	55,377	59,378	(4,002)	(8,276)
Pay award funding	2,423	2,423	2,427	(4)	(4)
Sub total NHS services	564,124	269,686	274,745	(5,058)	(10,475)
CEC services	294,943	147,472	155,816	(8,345)	(16,690)
Total	859,067	417,158	430,561	(13,403)	(27,165)

Table 1: financial position for delegated services

Achieving break even

11. In total, the Council has now committed to additional funding of up to £14.5m. this covers the recent commitment to address the budget deficit plus the previous agreement to fund the urgent improvement work in Castle Green and North Merchiston care homes. Taking this additional budget allocation into account will leave a residual overspend of £2.2m in Council delivered services.
12. Members will recall that NHS Lothian undertook to work collaboratively with the 4 Lothian integration authorities to deliver a balanced outturn. On this basis, financial plan assumed that set aside services would be fully funded. As can be seen from table 1 above, this is currently projected at £8.3m, leaving a remaining gap for health delivered services of £2.2m. This relates largely to the predicted deterioration in the prescribing position, as can be seen across Scotland. In addition to this support for the set aside position, NHS Lothian has yet to distribute the National Resource Allocation Committee (NRAC) parity/sustainability funding of £18m. The corporate management team of NHS Lothian has agreed that the funding will be distributed to areas with existing budget pressures where management action cannot address the overspend. It had been anticipated that the funding would be allocated following the

conclusion of the quarter one review process in NHS Lothian. Due to the volume of budget pressures identified the funding is unlikely to be allocated until the quarter two review process concludes. Whilst the final decision has yet to be made it has been agreed with the Deputy Director of Finance that it is likely that an element of this funding will be made available to support the additional prescribing costs. Further, should this not be sufficient to balance the position, that the commitment to work with integration authorities remains. On this basis it has been agreed that, at this point, it is reasonable to assume the NHS Lothian will be in a position to make an additional payment to meet the final IJB year-end overspend within health services.

13. Taking the funding implications outlined in the preceding paragraphs would reduce the year end overspend to £2.2m as shown in table 2 below:

	£k
Year end forecast	(27,165)
<i>Additional budget allocations</i>	
City of Edinburgh Council - in year deficit	14,136
City of Edinburgh Council - capital work in care homes	380
NHS Lothian - overall support	10,475
Projected year end position	(2,174)

Table 2: drivers and mitigation of financial position

Conclusion

14. This paper sets out the financial forecast for 2023/24, based on the actual results for the first 6 months of the financial year. Reflecting additional funding commitments leaves the board with a residual in year gap of £2.2m. As highlighted through the financial planning process, the opportunities to deliver savings which do not impact on service delivery, and which can be realised by the end of the financial year have now been exhausted. Thus, any such recovery plan will set out proposals for service reductions which will inevitably lead to poorer outcomes for people, worsen performance and endanger delivery of the improvement plan.
15. Whilst we are clearly not yet forecasting a balanced position, the advice from officers is that the financial recovery plan should **not** be progressed at this time. Rather, officers will pursue the following mitigating actions:

- detailed review of the individual schemes in the savings and recovery programme to continue to drive delivery and, where possible, over delivery;
 - reinforcing the importance of grip and control over all elements of expenditure;
 - not entering into any additional commitments until the level of assurance over financial break-even is assured. For example, when considering spending plans for the slippage on carers funding currently held in reserves, the impact of not progressing with these would have to be balanced against the alternative of reductions to existing services; and
 - ongoing discussion and engagement with partners.
16. On the basis of the actions and assumptions set out in this report, and taking into account the risks outlined in paragraph 19 below, the Chief Finance Officer can give **moderate assurance** of in year financial balance.
17. Now that the Chief Finance Officer is reporting an improved level of assurance on the 2023/24 financial position, officers shifted their focus to developing the medium-term financial strategy for 2024/25 onwards. Financial projections will be updated and additional savings and recovery programmes scoped. Officers will continue to work closely with partners as well as IJB members as these plans develop.

Implications for Edinburgh Integration Joint Board

Financial

18. Outlined elsewhere in this report.

Legal/risk implications

19. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. These assumptions are being closely monitored as the year progresses, in particular in those areas which present the highest risk. These include:

- Delivery of the agreed savings and recovery programme. This will be governed via the EHSCP change board with further scrutiny undertaken by P&D;
- External purchasing costs, with a particular focus on the built in level of growth;
- Potential additional costs associated with improving performance, particularly over winter; and
- Prescribing where data availability issues remain.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

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Appendices

- | | |
|------------|---|
| Appendix 1 | Financial position for NHS delegated services |
| Appendix 2 | Financial position for Council delegated services |

FINANCIAL POSITION FOR NHS DELEGATED SERVICES

	Annual Budget £k	To September 2023				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
Core services						
Community equipment	2,852	1,999	1,996	3	0%	6
Community hospitals	14,643	7,318	6,952	366	5%	708
District nursing	15,839	8,086	7,255	831	10%	1,614
Geriatric medicine	3,697	1,864	1,740	124	7%	242
GMS	97,717	50,179	50,972	(793)	-2%	(1,309)
Learning disabilities	1,451	720	627	93	13%	198
Mental health	10,299	5,162	4,810	351	7%	703
PC Services	17,663	8,732	8,502	230	3%	113
Pharmacy	6,557	3,237	2,961	275	9%	717
Prescribing	82,074	40,377	43,926	(3,549)	-9%	(7,139)
Resource transfer and reserves	63,278	21,214	21,127	87	0%	35
Substance misuse	4,770	2,381	2,040	341	14%	686
Therapy services	17,027	10,047	9,628	419	4%	729
Other	1,850	1,027	957	70	7%	56
Sub total core	339,718	162,342	163,493	(1,151)	-1%	(2,642)
Hosted services						
GMS	7,829	2,751	2,826	(76)	-3%	(411)
Hospices & Palliative Care	2,971	1,485	1,488	(3)	0%	(10)
Learning Disabilities	8,357	3,914	3,996	(82)	-2%	4
LUCS	7,643	3,354	3,367	(13)	0%	(24)
Mental Health	35,293	17,746	17,815	(69)	0%	191
Oral Health Services	5,407	1,825	1,787	38	2%	96
Primary Care Services	3,291	1,666	1,747	(82)	-5%	(362)
Psychology Services	6,952	2,689	2,929	(240)	-9%	(329)
Public Health	1,172	398	358	40	10%	30
Rehabilitation Medicine	5,729	2,730	2,351	379	14%	743
Sexual Health	4,889	2,231	2,238	(7)	0%	(32)
Substance Misuse	3,522	1,612	1,516	96	6%	82
Therapy Services	9,990	5,096	4,918	178	3%	401
UNPAC	3,775	1,428	1,005	423	30%	713
Other	(168)	620	1,105	(486)	-78%	(645)
Sub total hosted	106,650	49,545	49,446	98	0%	446
Set aside services						
Acute management	3,772	2,061	2,010	50	2%	(37)
Cardiology	4,447	2,200	2,185	15	1%	83
Diabetes & endocrinology	2,988	1,172	1,587	(415)	-35%	(866)
ED & minor injuries	12,404	6,053	6,825	(772)	-13%	(1,635)
Gastroenterology	9,980	4,891	5,571	(681)	-14%	(1,688)
General medicine	32,188	15,900	16,830	(930)	-6%	(2,180)
Geriatric medicine	21,394	10,629	10,934	(305)	-3%	(844)
Infectious disease	3,589	(238)	(398)	159	-67%	60
Junior medical	3,017	1,404	1,657	(253)	-18%	117
Other	848	419	364	55	13%	(0)
Rehabilitation medicine	1,971	980	1,074	(94)	-10%	(243)
Respiratory medicine	7,879	4,100	4,504	(404)	-10%	(439)
Therapy services	10,856	5,807	6,235	(427)	-7%	(604)
Sub total set aside	115,333	55,377	59,378	(4,002)	-7%	(8,276)
Pay award funding	2,423	2,423	2,427	(4)	0%	(4)
Total	564,124	269,686	274,745	(5,058)	-2%	(10,475)

FINANCIAL POSITION FOR COUNCIL DELEGATED SERVICES

	Annual Budget £k	To September 2023				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
Employee costs	102,081	51,040	49,483	1,557	3%	3,114
Premises costs	1,398	699	869	(169)	-24%	(339)
Transport costs	2,838	1,419	1,823	(404)	-28%	(807)
Supplies, services and transfer payments	11,036	5,518	5,271	247	4%	493
Purchasing - residential and FPNC	88,734	44,367	46,109	(1,743)	-4%	(3,485)
Purchasing - day care and care at home	123,809	61,904	63,555	(1,651)	-3%	(3,301)
Purchasing - direct payments and ISF	50,160	25,080	25,499	(418)	-2%	(837)
Purchasing - grants and block contracts	31,324	15,662	15,555	107	1%	214
Purchasing - other	4,446	2,223	1,983	240	11%	480
Grants funding and cost recovery	(87,306)	(43,653)	(43,637)	(16)	0%	(33)
Income	(19,441)	(9,720)	(10,693)	973	-10%	1,946
Sub total	309,079	154,539	155,816	(1,277)	-1%	(2,554)
Budget gap	(14,136)	(7,068)		(7,068)	100%	(14,136)
Net position	294,943	147,472	155,816	(8,345)	-6%	(16,690)

REPORT

Edinburgh Integration Joint Board Revised Governance Handbook

Edinburgh Integration Joint Board

16 November 2023

Executive Summary	The purpose of this report is for the Edinburgh Integration Joint Board (EIJB) to endorse their revised Governance Handbook.
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Recommendations	<p>The Edinburgh Integration Joint Board are asked to:</p> <ol style="list-style-type: none"> 1. Endorse the revised EIJB Governance handbook included at Appendix 1. 2. Agree the revised terms of reference for all the EIJB committees contained within Appendix 3 of the Governance handbook. These have all been approved at their respective committees between March and June 2023. 3. Appoint Helen Fitzgerald and Kirsten Hey as NHS & CEC Staff side Representatives to the Strategic Planning Group as per the membership contained within the Terms of Reference (appendix 3d). 4. Endorse the EIJB risk appetite statement which was approved by the Audit and Assurance Committee on 13 September 2023. 5. Agree the publication of all papers for the EIJB committees, where appropriate. 6. Agree to the Handbook being reviewed annually.
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Directions

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

Report Circulation

1. This report has not been circulated to any other governance committee prior to submission to the EIJB. Appendices within the governance handbook have been agreed by the EIJB previously (e.g., code of conduct, standing orders) or discussed and agreed by EIJB committees (e.g., committee terms of reference, risk appetite statement).

Main Report

2. The EIJB agreed the first iteration of its governance handbook on 22 June 2021, with a review to be undertaken in 18 months. However due to the impact that the National Care Services may have on the governance arrangements for the EIJB, it was decided to delay the review by six months. The handbook has now been reviewed and presented at Appendix 1 for endorsement, recognising the uncertainty around the future of the National Care Service at this time and the importance of reviewing and updating the governance handbook.
3. The handbook will act as a practical reference guide for the EIJB covering a range of governance themes designed in short sections, that can be used for continual board development. There have been no other changes made to the handbook other than those undernoted:

Inclusions to the handbook

4. The EIJB handbook now includes the EIJB integration Scheme, which was updated and agreed by Scottish Ministers in May 2023, the EIJB Conduct and EIJB Standing Orders and these included as appendix 2, 4 and 5 of the governance handbook.
5. The EIJB must review several governance documents on an annual basis, namely committee terms of reference, standing orders and code of conduct. Previously these documents would be presented to the EIJB for endorsement at different time periods. As these documents relate to the governance arrangements for the EIJB, it is proposed that these are presented as a suite of documents, as part of the annual review of the governance handbook. This reduces the volume of reports on the EIJB agenda and providing EIJB members with a handbook, containing all key governance documents in the one place.

6. The Audit and Assurance Committee asked officers to review the risk appetite statement. This has been reviewed and updated, reflecting the risk environment the EIJB is now operating in, and this was endorsed by the Audit and Assurance Committee at its meeting on the 13 September 23. The revised risk appetite statement has now been included within the governance handbook at section 12.

Terms of Reference

7. All EIJB committees have undertaken their annual review of the terms of reference, and these are contained within appendix 3 of the handbook for endorsement. The Audit and Assurance Committee (as part of their assurance statement) asked that the membership of the Audit and Assurance Committee is increased, preferably with members who have risk, internal audit, or financial expertise to ensure appropriate scrutiny. This would mean an extra three members would have to be appointed to the committee (one voting member from each partner and one non-voting member).
8. There was also a request to increase the membership of Clinical and Care Governance as part of the previous assurance statement.
9. This will result in an increase in commitment for 6 board members. The EIJB is asked to consider the request from Audit and Assurance Committee and Clinical and Care Governance Committee for increased membership.

Appointment to the Strategic Planning Group

10. The Performance and Delivery Committee appointed through its terms of reference staffside representation on the Strategic Planning Group. This report requests the appointment of Helen Fitzgerald, NHS staff side representative and Kirsten Hey, CEC staff representative to the Strategic Planning Group.

Publication of papers from EIJB committees

11. It is also recommended that all papers from the EIJB committees are published, this allows members of the public to read and review papers presented to committees that informs the work of the EIJB. It also ensures openness and transparency of decision making. This recommendation is in line with other Integration Joint Boards (IJBs) who do publish papers of all or some of their committees. There may be occasions where papers to committees cannot be published, and this will be made explicit within covering reports.

Review

12. It is proposed that the handbook and associated appendices are reviewed and presented to the EIJB annually as a suite of documents. If a governance document requires to be included, updated, deleted as a matter of urgency, this will be taken to the next meeting of the EIJB as a separate item.

Implications for Edinburgh Integration Joint Board

Financial

13. The development of the governance structure has been undertaken within existing EIJB resources, therefore there are no financial implications arising from this report.

Legal / risk implications

14. The governance handbook ensures that the EIJB is maintaining good governance arrangements which will mitigate any exposure to legal challenge or risk to the EIJB.

Equality and integrated impact assessment

15. There are no equality or integrated impact assessments required as a result of the information contained within this report.

Environment and sustainability impacts

16. There are no environment or sustainability impacts arising from this report.

Quality of care

17. There are no quality-of-care issues arising from this report.

Consultation

18. Topics within this handbook have been developed in collaboration with the EIJB.

Report Author

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Background Reports

None

Appendices

Appendix 1 Governance Handbook



GOVERNANCE HANDBOOK

Document Author	Angela Brydon, Operations Manager
Document Owner	Pat Togher Chief Officer
Version Number	Version CXXX
Date Plan Created / Revised	October 2023
Approved by	Edinburgh Integration Joint Board
Review Period	Annually – Next Review is October 2023

Contents

1.	Introduction	3
2.	Corporate Governance	4
3.	EIJB Integration Scheme	8
4.	Edinburgh Integration Joint Board	8
	Edinburgh Integration Joint Board.....	8
	The role of Integration Joint Board (IJB) members.....	10
	The role of directions as the key mechanism of the EIJB.....	10
	Membership of the EIJB.....	10
	Edinburgh Health and Social Care Partnership.....	11
5.	EIJB Governance Committees	12
	EIJB Committees	12
	Terms of Reference.....	13
	Agendas, cycle of business and quality of papers.....	14
6.	EIJB Strategic Plan.....	16
7.	EIJB Standing Orders	18
8.	EIJB Code of Conduct	18
9.	EIJB Financial regulations	23
10.	Annual Governance Statement.....	24
11.	Audit Arrangements.....	24
12.	EIJB Risk Management	25
13.	Ongoing Review and Continuous Improvement	35
14.	Feedback and Key Contact	35
	Appendix 1 - Key issues in governance – sample issues and questions	36
	Appendix 2 – EIJB Integration Scheme.....	44
	Appendix 3 – EIJB Standing Orders.....	119
	Appendix 4 – Code of Conduct for members of Edinburgh Integration Joint Board	128



1. Introduction

Welcome from the Chair of the Edinburgh Integration Joint Board (EIJB)

- 1.1 Welcome to the Governance Handbook designed specifically for the Edinburgh Integration Joint Board (EIJB). This is intended to be a living document of direct practical value, especially for members of the EIJB and key staff. Its primary purpose is to act as an up-to-date, authoritative, and dynamic reference point on the fundamentals of good governance thinking and practice for the EIJB.
- 1.2 It has been designed in short sections to allow easy navigation around multiple themes and provides easy-to-use material for the continuing development of both the EIJB and the executive team and for use in future induction and re-induction, as necessary.
- 1.3 The handbook includes all the essential elements of good governance, as well as relevant evidence of what works elsewhere.
- 1.4 The handbook sets out the hallmarks of good governance which mark out how the EIJB does its business. We want to encourage open discussion about issues of governance. If there is anything in this handbook which is unclear, or anything that you feel has been overlooked, it is important that these are raised with me as Chair.
- 1.5 We take governance extremely seriously at the IJB. This is our handbook and I hope you find it useful.

Introduction from the Chief Officer, Edinburgh Integration Joint Board

- 1.6 The EIJB is an ambitious organisation, focused on transforming the planning and delivery of health and care in the City of Edinburgh. It has shown itself willing and keen as a Board to work on its culture and the way it works to best deliver these ambitions, creating a robust and agile decision making and governance structure that allows for appropriate scrutiny, as well as providing opportunity for debate in relation to innovation, strategic thinking and the future delivery of services that have the most positive impact on people's lives.
- 1.7 The EIJB continues to develop its governance arrangements, and this handbook has created a clear methodology of how it undertakes its work and supports its current, and future members to maintain and grow its ambitions and the pace of delivery of its transformation programme.

Integration in Scotland

- 1.8 The need for integration is central not just to the sustainability of health and social care, but also to wider social and economic objectives. Therefore, the Scottish Government legislated through [The Public Bodies \(Joint Working\) \(Scotland\) Act \(the Act\)](#) to bring together health and social integrated system that aims to improve care and support for people who use services, their carers and their families. The legislation created 31 integrated authorities.
- 1.9 The integration of health and social care services means that the expertise and resources of health and social care services are combined, shared, coordinated and planned jointly with other key partners including unpaid carers, the third sector and the independent sector. The creation of IJBs reflects a shared belief, that collaboration, between a range of statutory and non-statutory partners, provides the most effective way of meeting people's needs and for making sure the local health and care system is financially fit for the future.

- 1.10 Integration is the most significant change to health and social care services in Scotland since the creation of the NHS in 1948. The principle aim of integration is to improve the health and wellbeing of people. One of the main aspects of the Public Bodies (Joint Working) (Scotland) Act are the creation of statutory Health and Social Care Partnerships in each local authority area in co-operation with health boards. Within the legislation there are nine national health and wellbeing outcomes that apply across all Integration Authorities, Health Boards and Local Authorities, ensuring clarity about shared priorities.
- 1.11 Where a Health Board and a Local Authority agree to put in place a Body Corporate model (as is the case in Edinburgh), an Integration Joint Board will be established. This sees Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, who are responsible for the planning of integrated arrangements and onward service delivery.
- 1.12 The Health Board and Local Authority set out within their integration scheme which of their functions they intend to delegate to the Integration Joint Board. The scope of the delegated functions will vary depending on local decision making but must adhere to the statutory minimum.

2. Corporate Governance

- 2.1 Corporate Governance is a set of rules, practices and processes used to direct and control an organisation. Accounting, transparency, fairness, and responsibility are the four fundamental principles of corporate governance. It covers the following areas:
 - (a) Service delivery arrangements.
 - (b) Structures and processes.
 - (c) Risk management and internal control.
 - (d) Standards of conduct.

Principles of Good Governance

- 2.2 **Governance** is a term and covers many different but related aspects of the leadership of an organisation or entity. Identified below are ten core principles of governance that illustrate key best practice considerations. These principles have been tested with boards and governing bodies of health and care organisations. The principles described reflect the premise that principles should be of fundamental value, understood by users as the essential characteristics of the system, and reflect the system's designed purpose. The table below use the term Director, and this may refer to EIJB members as well as officers supporting the EIJB. It is important that the EIJB and officers have a shared understanding about how director responsibilities are fulfilled.

Governance principle	Why it is important
1. Entity An organisation is a discrete entity and a legal personality that owes duties of care and needs to observe responsibilities and compliances that are separate from those of the organisations owners or those controlling the organisation.	Often governance issues arise when one is uncertain about what entity one is dealing with. It is important to understand what the entity is and who is accountable, and that the entity concerned should be legally constituted, aware of its responsibilities and easy to identify.

<p>2. Accountability: the ‘controlling mind’ Directors have responsibilities in law for looking after the interests of the organisation and of all stakeholders. The balance of how this is executed will change as the organisation encounters, opportunities and challenges. Directors act collectively as a board, this being the overall accountable group that comprises the ‘controlling mind’.</p>	<p>All legal entities should be controlled by identifiable individuals who can be brought to account for their actions. It is important to be able to distinguish between those who are accountable for the organisation and those who are not, to ensure that external parties understand with whom they can make binding arrangements on behalf of the organisation. Those controlling an organisation need to be formally required to look after all stakeholder interests and should have formal duties around their conduct and accountability.</p>
<p>3. Stakeholders Governance needs to consider all stakeholders, even those who may not be immediately apparent. Stakeholders will classically include owners of the enterprise, investors (who may or may not be the owners), customers, clients (who may be different from the customers), beneficiaries (who in healthcare organisations may be different from customers and clients), those whose money the organisation uses or is steward to, including creditors and bankers, regulators, who increasingly use governance systems to help support their work, staff, the wider environment, and community etc.</p>	<p>The conduct of an organisation can have significant effects on many, and as such those controlling organisations need to pay formal consideration to those who their actions might affect. There are legal duties for public bodies to consider the views of stakeholders when taking decisions that extend beyond the usual governance requirements of boards. As in any high-risk industry, stakeholders increasingly rely on regulators to ensure that stakeholder interests are looked after and as such, regulators have a material interest in how an organisation is governed.</p>
<p>4. Governance and management Directors may in addition to their governance responsibilities also have a portfolio of management responsibilities (i.e., duties to manage and operate the enterprise from ‘day- to-day’). Directors need to separate themselves from their management role when they are acting as the ‘controlling mind’ of the organisation and are acting as overall guardian to stakeholder interests. Governance concerns of Directors include:</p> <ul style="list-style-type: none"> • Vision: being certain why the organisation exists in the first place – its purpose and what difference it intends to make • Strategy: the planned means by which the organisation delivers the vision • Leadership: how the organisation is able to deliver the strategy over time • Assurance: that the organisation does what it says it will do and behaves in the manner it has agreed • Probity: that the organisation meets standards of openness and transparency, acts with integrity and in good faith. In the public sector, taking note of the Nolan principles of public life (see section 7.2.1) • Stewardship: that the organisation is responsible with resources; especially other people’s resources 	<p>Governance works on the basis of a separation of powers, so that those running the organisation day-to-day are internally accountable to themselves and others who have a focused governing role. This ensures that the broader interests of the organisation, investors, owner, and other stakeholders are balanced, and that the organisation is not run in the interests of those staffing it. Those governing an organisation are additionally charged with ensuring that they recruit in a team most able to run the organisation successfully, to meet strategic aims and in the interests of stakeholders. The board has private knowledge of the organisation that is unique and so is the best system for ensuring that the performance of management meets the requirements of all stakeholders.</p>



<p>5. The Board and constructive challenge To take the best decisions, the board will need to be informed, and have to hand all relevant information and advice pertinent to a decision. The board will need to consider options and consequences. To do this efficiently and effectively the board will go through a process of constructive challenge, where ideas, beliefs, facts, and recommendations will be tested to verify, confirm or overturn as appropriate. Larger organisations with more complex accountabilities to multiple stakeholders will do this by having some directors who do not hold management positions as part of the board. These are termed ‘non-executive’ or ‘independent’ directors. Independent directors may be drawn from significant investors or recruited as holding skills and experience in order that they can usefully challenge and help the board arrive at sound decisions.</p>	<p>A successful organisation needs to continually make informed decisions about direction, markets, resource allocation and capacity. Decisions need a form of internal testing to provide a transparent explanation as to why one course of action was agreed over others. Testing such decisions is best done through a form of constructive challenge whereby assumptions are not allowed to stand without being tested, and partial views are tempered by considering alternatives.</p>
<p>6. Delegation and reservation Boards will set out how they govern through a system of delegation and reservation. The board will decide what decisions it reserves (or holds) to itself as a governance responsibility, and those it will delegate elsewhere. The most significant delegation is usually to the accountable officer, the executive directors and senior management. Boards may also delegate to sub-groups, advisors, and partners or through other controlled means. Boards will describe the limits and substance of all delegations and reservations in formal terms. Typical forms of delegation within an organisation, aside that of management, will include formally agreed delegation to board sub-committees. Ideally the programme of work for committees should be linked to the Board Assurance Framework (BAF) with the board commissioning the assurance functions of sub-committees and linking this to the strategic aims of the organisation.</p>	<p>Governing boards need to formally agree in a transparent way what role they will take in the detailed direction of an organisation. This will be different for each organisation and dependent on the level of risk, market forces, the detailed knowledge required to undertake tasks and the maturity of management. The controlling mind of the organisation needs to plan and be explicit about the level of direction it will need to exert itself, and that which it is comfortable to discharge to others, both within and outside the organisation. This will help other stakeholder assess risk and control for themselves. The board must be clear in the role and delegated authority of committees.</p>
<p>7. Openness and transparency Organisations should have the confidence that their business and decision-making processes would stand exposure to the public eye. This ensures that organisations meet important legal and compliance requirements, as well as fosters good business practice through building reputational and brand value. Decisions and conduct should be auditable and explainable.</p>	<p>It is a critical part of being an effective organisation that the public and service users should trust the organisation concerned, believe advice when it is given and feel confident to seek care for themselves and their families. Openness and transparency are essential components of building this trust.</p>
<p>8 Board Support To enable the board to work well, the board will need to work through the various roles and support systems it needs in place. These include the: chief accountable officer, directors, executive directors, independent members, chair, board/company secretary, senior independent director (SID)⁴</p>	<p>Deliver on the preceding principles of governance. Different actors need to be charged with different parts of the accountability continuum, and there need to be managed systems to ensure that information, advice, and challenge are brought together to arrive at the best decisions for all stakeholders. It is important that the different individuals concerned understand their individual roles in making sure the board governance system works and can respond to future needs through appropriate challenge.</p>

<p>9. Knowing the organisation and the market Those acting as the controlling mind of an organisation have a duty to know and understand the organisation, they are responsible for, and the market in which the organisation operates. Within the organisation the board needs to understand and be assured those relevant compliances are being met, and that the organisation remains fit for purpose. Externally boards need to understand opportunities and risks. To do this, boards should have in place systematic processes so that they remain informed and assured at all times. The most significant of these will be the organised delegation to management, described above, and the setting of tolerances around when and how management should bring matters to the attention of the board, specific governance and information systems, such as performance reports, the board assurance framework, the risk register, decision tracker, audit plans and professional advice, the on-going assurance role of the audit committee to the board that all relevant governance systems are working and delivering added value. Finally, Boards and their members have a responsibility to anticipate and respond to their external environment. This is always dynamic, and a good board will spend time future proofing the organisation by paying attention to new (or newly appreciated) risks and opportunities. This can be done by directors rehearsing locally what has gone wrong (and right) elsewhere, boundary issues and evaluating their own instincts.</p>	<p>To provide constructive challenge directors need to understand more than generic business practice. In healthcare, when strategic decisions need to be taken the various options themselves will require a degree of professional insight and confidence to challenge and add to informed debate. Directors who do not familiarise themselves with the market they operate in are being derelict in regard to their overall responsibilities to stakeholder.</p>
<p>10. Competence With regards to governance, competence requires a combination of relevant skills and experience to hold office, understand the market, possess the knowledge required, actively participate in debates, and challenge any key decision, declare, and manage any conflict of interest, and hold the decision-taking position itself.</p>	<p>In public bodies, it is important to enable the public and other stakeholders to understand who is accountable for decisions and have confidence that the correct process was followed when decisions are made. This includes ensuring that the right information was available to those making a decision, and that the context for any decision was properly taken into account. The decisions of public bodies are open to judicial review, and the process by which decisions are taken is one the organisation may need to demonstrate if challenged in this way.</p>

- 2.3 It is important that these principles of good governance are considered and applied in the specific and unique context of EIJB. In bringing these governance principles to life, EIJB members may find it useful to reflect on the findings of the Christie Commission⁵, which remind us that in relation to public sector reform:
- (a) public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.
 - (b) public service organisations work together effectively to achieve outcomes.
 - (c) public service organisations prioritise prevention, reduce inequalities and promote equality.
 - (d) all public services constantly seek to improve performance and reduce costs, and are open, transparent, and accountable.

- 2.4 The key elements of the structures and processes that comprise the EIJB's governance arrangements are covered within this handbook. [Appendix 1](#) highlights some key issues in governance and some issues and questions that EIJB members may wish to consider at board meetings.

3. EIJB Integration Scheme

- 3.1 The [Integration Scheme](#) sets out the services that will be delegated to the Edinburgh Integration Joint Board (EIJB) by the City of Edinburgh Council (CEC) and Lothian Health Board (NHS Lothian) in line with the Act. CEC and NHS Lothian are referred to as 'the Parties' within the Integration Scheme.
- 3.2 The integration model for Edinburgh IJB is a body corporate model (an "integration joint board") and CEC and NHS Lothian are referred to as 'the Parties' within the Integration Scheme.
- 3.3 The vision of the Parties for the EIJB is to work together for a 'caring, healthier, and safer Edinburgh'. The work of the EIJB will be guided by the integration delivery principles as stated within the Act and will contribute to the achievement of agreed health and wellbeing outcomes.
- 3.4 The Parties are working towards:
- (a) An affordable, sustainable, and trusted health and social care system that is fair, proportionate and manages expectations.
 - (b) A people-centred, patient first and home first approach which offers informed choice.
 - (c) An integrated health and social care system which optimises partnership with the voluntary and independent sectors.
 - (d) A bed base optimised to provide the right care, at the right time, in the right place to support care pathways and informed choice.
 - (e) Care supported by innovation, data, and the latest technology; and
 - (f) A motivated, skilled, and representative workforce with a culture of continuous improvement.
- 3.5 The Edinburgh Integration Scheme is a key part of the EIJB corporate governance framework as it sets out how integration will work in Edinburgh and
- (a) Sets out the key shared priorities between the EIJB and its partners, City of Edinburgh Council and NHS Lothian.
 - (b) Includes the health and social care functions delegated to the EIJB.

4. Edinburgh Integration Joint Board

Edinburgh Integration Joint Board

- 4.1 EIJB was established in 2016 under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 with full delegation of functions and resources to enable integration of primary and community health and social care services effective from 1 April 2016.
- 4.2 The EIJB is a separate legal organisation and acts as principal in its own right, having been established through a detailed Integration Scheme between City of Edinburgh (CEC) and NHS Lothian, as approved by the Scottish Government. The EIJB is the board of governance responsible for setting the strategic direction and providing governance and scrutiny for the services delegated to it by its partner organisations.
- 4.3 Unlike a unitary Board, where members of the senior leadership team also hold formal director

responsibilities alongside Non-Executive Directors as equals in the Board, the EIJB is not constituted in this way. However, the tone set by the EIJB should reflect a sense of joint enterprise whilst retaining the right level of separation of responsibilities.

- 4.4 Board members act *collectively* as the overall accountable group that comprises the ‘controlling mind’. The EIJB is made up individuals who individually have the level of skills and experience to discharge that role, and collectively operate in a way that produces a board capable of being accountable. Boards add value by the very fact that they are not directly controlling the entity on a day-to-day, month on month basis. Through an agreed assurance system, the board holds the entity to account for delivering the strategy and meeting requirements (such as contractual obligations or legal compliances) of the organisation.
- 4.5 The EIJB and the Executive Team, alongside officers need to operate as the controlling mind of the EIJB. This is especially important now given the scale of the responsibilities and duties which fall to the EIJB and the complex issues and choices which the EIJB will need to make and the consequences of those choices.
- 4.6 The King IV Report on corporate governance, the first outcomes-based governance code in the world, emphasises how important it is for organisations and institutions to be good ‘corporate citizens’, accountable to all stakeholders, current and future. According to the King IV Report, the primary governance roles and responsibilities for any board are:
- (a) To steer and set strategy
 - (b) To approve policy and effective planning
 - (c) To oversee monitoring and performance
 - (d) To be accountable to stakeholders through effective and ethical leadership.
- 4.7 Other specific responsibilities more traditionally used to describe the function of the Board include:
- (a) Establishing vision, mission, and values
 - (b) Setting strategy and structure
 - (c) Delegating to management
 - (d) Shaping the culture of the organisation
 - (e) Exercising accountability and being responsible to relevant stakeholders
- 4.8 Effective leadership is results-driven, focused on achieving strategic objectives and positive outcomes. Ethical leadership is exemplified by integrity, competence, responsibility, accountability, fairness, and transparency. The [King IV Report](#) offers a ready-made set of guiding principles, with codes that are non-legislative, based on ethical principles and practices.
- 4.9 The characteristics of the King IV model which make it most suitable for the EIJB as it frames governance as a system, which delivers outcomes, is relevant to complex systems and promotes the taking of entrepreneurial risk within a system. It makes a compelling case for seeing the added value of governance as providing a dynamic framework for creating impact with ethics and transparency at its heart. Critically it also provides an encouragement for governance to provide the foundation for an assertive confidence to do what the organisation needs to do. This encouragement to be courageous and brave will be important for the EIJB in working through how to achieve its vision over the coming years.



The role of Integration Joint Board (IJB) members

- 4.10 It is important to note that members of the IJB have a unique role, which is different to being an elected member within local government, or Board roles in the NHS. IJBs are not the same as scrutiny panels or Council Committees nor are they organised along an NHS unitary board structure. IJB members will of course have areas of experience and expertise to contribute, however, as with all effective Boards, their contribution cannot be limited to representation of allotted constituencies or groups.
- 4.11 Collegiality and shared intent are core aspects of IJB membership, which is about being part of a collective decision-making body of equal status. There is an expectation for Board members to collaborate to deliver contributions which help to further the strategic objectives of the IJB, not those of either of the partner organisations. Members do not 'represent' either NHS Lothian or City of Edinburgh Council when they sit on the IJB, rather they are there as IJB members. Participation is not limited to the meeting room, and IJB members can be always active in promoting the IJB and bringing insights from community engagement and elsewhere to the fore. This is not a straightforward role to navigate, and conflict of interest and other challenges can arise, which are recognised by IJB members. Collective support and regular open discussions of these issues are characteristics of an effective Board.

The role of directions as the key mechanism of the EIJB

- 4.12 Integration Authorities require a mechanism to action their strategic plan, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of directions from the Integration Authority to the Health Board, Local Authority or both.
- 4.13 Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions to properly discharge their statutory duties under the Act.
- 4.14 In the case of an Integration Joint Board (IJB), a direction must be given in respect of every function that has been delegated to the IJB, directions are how an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic plan. Directions are also how a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms. The revised [Directions Policy](#) was agreed at EIJB on 08 August 2023.

Membership of the EIJB

- 4.15 The EIJB has the following [voting members](#):
- a. 5 councillors nominated by the City of Edinburgh Council.
 - b. 5 non-executive director members nominated by NHS Lothian.
- 4.16 In addition to Health Board and Local Authority representatives, the Integration Joint Board membership must also include:
- a. The Chief Social Work Officer of the constituent Local Authority.
 - b. A General Practitioner representative, appointed by NHS Lothian.
 - c. A Secondary Medical Care Practitioner representative, employed by NHS Lothian.
 - d. A Nurse representative, employed by NHS Lothian.



- e. A staff-side representative from both partner organisations.
- f. A third sector representative.
- g. A carer representative.
- h. A service user representative.
- i. The Chief Officer of the Edinburgh Integration Joint Board.
- j. The Section 95 Officer of the Edinburgh Integration Joint Board.

4.17 The Chief Social Work Officer will be appointed by the City of Edinburgh Council and the health professionals will be appointed by NHS Lothian because of the role they fulfil.

4.18 The Chief Officer is appointed by the EIJB and provides a single point of accountability for integrated health and social care services. The EIJB also appoints the Section 95 Officer who is the responsible officer for the financial arrangements of the Integration Joint Board.

4.19 The IJB has a chair and a vice-chair who are both voting members of the EIJB. The term of office for the chair and the vice-chair is two years. The right to appoint the chair and vice-chair respectively alternates between CEC and NHS Lothian on a two-year cycle, on the basis that during any period when the power to appoint the chair is vested in one Party, the other Party shall have power to appoint the vice-chair.

4.20 All Integration Joint Board members have equal responsibility as Board members.

Edinburgh Health and Social Care Partnership

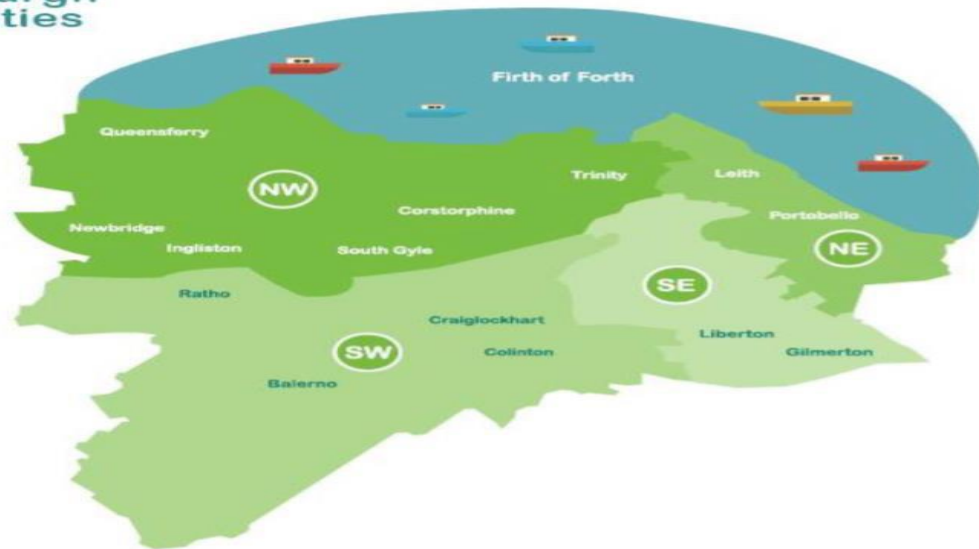
4.21 The Edinburgh Health and Social Care Partnership (the Partnership) is the operational delivery arm of the EIJB and is led by an Executive Management team, led by the Chief Officer. The Partnership delivers health and social care services across the city that are directed by the EIJB strategic plan. The Partnership is supported to deliver services through:

- (a) NHS Lothian
- (b) City of Edinburgh Council
- (c) Third sector organisations from which it commissions services
- (d) Independent care organisations from which it commissions services

4.22 The Partnership is responsible for community-based health and social care services in Edinburgh. It provides health and social care services for adults and older people including those delivered through commissioned services from the third and independent sectors. In Edinburgh, local health and social care responsibilities are mainly managed through four localities, Northwest, Northeast, Southeast and Southwest:



ED Edinburgh Localities



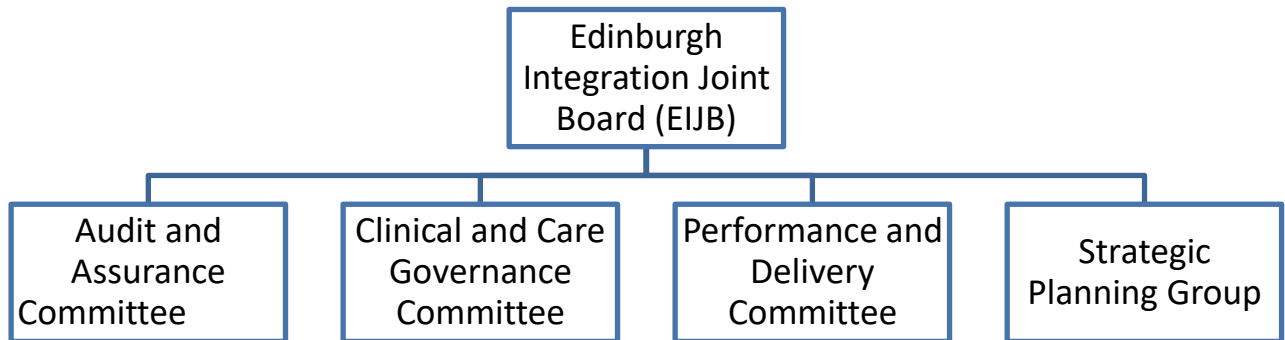
- 4.23 This fulfils the legislative requirement to work at locality level and supports the EHSCP in shaping services more responsive to the different characteristics and needs of the diverse and distinct Edinburgh communities which are a strength in the city.
- 4.24 There are also a range of services that are delivered citywide and managed centrally including hospital and care home services. The Primary Care Support Team supports the 70 general practices (GP) which deliver general medical services (GMS) across the city.

5. EIJB Governance Committees

- 5.1 The EIJB does not operate in a vacuum and the ability of its committees to provide assurance that the decisions the EIJB are making are evidence based and are valid is essential. The establishment of committees strengthen governance arrangements, enhance the role of the EIJB in strategic decision-making, and support the EIJB in the achievement of its objectives. Committees support the EIJB to help it do its job.
- 5.2 The EIJB must have a robust framework to support appropriate and transparent management and decision-making processes. This framework will enable the EIJB to be assured of the quality of its services, the probity of its operations and of the effectiveness with which the board is alerted to risks to the achievement of its overall purpose and priorities.

EIJB Committees

- 5.3 The EIJB has established four committees to undertake scrutiny in relation to the delivery of its plans and strategies. The established committees are as follows:



- 5.4 These committees report back to the EIJB with recommendations for decision. Delegated responsibilities are reviewed annually in line with best practice. It is important that the EIJB creates opportunities to reflect on its own performance and its effectiveness. This should include a formal and rigorous annual evaluation of the performance of the EIJB, and of the performance and effectiveness of its committees.
- 5.5 A critically important point to consider is the need to ensure that EIJB committees do not become muddled up with operational management and must not find themselves in a position where they end up, de facto, managing functions or creating assurances. The EIJB, through its committees, needs to be assured that management is operating within whatever delegations the EIJB has made and is operating agreed controls to mitigate or avoid risks.
- 5.6 In terms of groups, we would explain the difference between a EIJB committee, and a management group as follows:
- (a) **EIJB committee:** the board of directors will delegate several its functions to committees, who are responsible for reporting to the EIJB on the critical areas of business (for example, compliance, quality etc.) and for escalating risks as appropriate. Unlike management groups, EIJB committees are not responsible for the day-top-day running of the organisation but rather seek assurance that performance and systems are operating to the required standards.
 - (b) **Management group:** management groups are accountable for the day-to-day, month on month running of the Partnership and for providing assurance to management, who in turn assure the EIJB (often through committees) that performance and systems are at the required standards.
- 5.7 Good governance practice includes a programme of work for EIJB committees being linked to the board assurance framework, with the board commissioning the assurance function of the committees and linking this to the strategic aims of the entity. At the same time, a quality management system within management will itself be ensuring that the controls against risks identified in the assurance framework are being managed.

Terms of Reference

- 5.8 It is important that all committees of the EIJB have clarity on their role and that they are directly related to specific strategic and statutory responsibilities. Outcomes and performance management arrangements for each committee must be made clear, and there must be a clear separation of responsibilities and clarity on remits and reporting processes. This information is set out within the Terms of Reference for each committee of the EIJB, which make clear the following:
- (a) Purpose and function



- (b) Membership and quorum
- (c) Duties
- (d) Reporting and accountability, and
- (e) Committee administration

5.9 In line with best practice, the Terms of Reference of committees of the EIJB should be reviewed annually. These are included at [appendix 3.\(Audit & Assurance, Clinical and Care Governance, Performance & Delivery, Strategic Planning Group \)](#)

Frequency of meetings and membership

5.10 The frequency of meetings of committees of the EIJB is kept to a minimum, and it is important that membership is active, and attendance regarded as a formal responsibility.

5.11 The membership of each committee is set out within its Terms of Reference and reflects expected contribution to the core purpose of each committee.

Agendas, cycle of business and quality of papers

5.12 The EIJB can delegate some of the role of scrutiny of assurances to its committees to save time for the EIJB and make the most appropriate and efficient use of expertise. The EIJB may be able to place greater reliance on assurances if it is confident that they have been robustly scrutinised by one of the committees.

5.13 The agenda and annual cycle of business for all committee meetings must reflect the strategic objectives, and other mandatory aspects of the role and function of the committee, as set out in its Terms of Reference. Agendas should be populated from the annual cycle of business, not be overcrowded to allow sufficient time for debate and must offer the right mix of assurance and strategic discussion. Any carried forward items from preceding meetings (as recorded within the minutes) and / or action logs must be included within the appropriate meeting agenda, and agendas should incorporate an appropriate balance of items 'for decision', 'for information' and 'for noting'. An imbalance towards the latter two would be indicative of an ineffective meeting that is not properly discharging its role. The most urgent items requiring the full attention of the committee should be high up on the agenda, to ensure sufficient time for debate.

5.14 Papers should be précised to provide clarity on context and purpose together with the key issues and risks arising from the paper and expectations in terms of decisions. Key points for consideration by the committee should be summarised in sufficient detail to enable informed discussion. An executive summary that effectively directs the readers' attention to the most important aspects of the paper could be helpful. Information and data included within papers should be timely. Papers should be succinct and be of a quality that provides sufficient insight into action required in response to performance issues.

5.15 Papers should include an action log to support the committee to maintain a record of agreed actions. All actions agreed by the committee must be recorded, to include reference to the action owner, dates, and status of the action. It is important that papers are circulated to committee members in a timely fashion to enable time for members to adequately digest and reflect on their content and establish areas requiring further exploration and / or clarity.

5.16 Summary table of Committee function and membership

Committee	Function	Membership
Audit and Assurance Committee	Will advise the EIJB on the adequacy of financial reporting arrangements, governance activities, internal and external audit provisions and the implications of assurances provided in respect of risk and internal control.	Members of the AAC shall be appointed by the EIJB and shall be made up of 6 voting members of the EIJB, drawn equally from NHS Lothian and the City of Edinburgh Council. 3 non-voting members of the EIJB will also be appointed by the EIJB as non-voting members of the AAC.
Clinical and Care Governance Committee	Monitor, review and report to the EIJB on the standard and quality of care delivered across delegated services.	Members of the Committee shall be appointed by the EIJB and shall be made up of least 4 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Two non-voting IJB members shall be appointed as members of the Committee by the EIJB as non-voting members of the Committee.
Performance and Delivery Committee	Provide advice and assurance to the EIJB on the effectiveness on the financial management and service performance for services delegated to the EIJB.	Members of the P&DC shall be appointed by the EIJB and shall be made up of 4 Voting Members of the EIJB, drawn equally from NHS Lothian and the City of Edinburgh Council. Four non-voting EIJB members will be appointed to the Committee as non-voting members of the P&DC as per appendix 1.
Strategic Planning Group	To monitor, review and report to the Board on the strategy, plans and delivery of the delegated Partnership's service.	Members of the Committee shall be appointed by the EIJB and shall be made up of four Voting Members of the EIJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Two non-voting members of the EIJB shall be appointed to the Committee by the Board as non-voting members of the Committee.

The role of the Chair

- 5.17 The role of the chair is critical to ensuring the effective operation of the EIJB or committee. A good chair should assume that all members of the committee come prepared for discussion, having read through the papers in advance of the meeting. The chair should not *direct* the meeting but should instead *steer* the discussion to ensure the meeting remains on track. The chair should be comfortable in allowing a free ranging debate on a given agenda item whilst using facilitation skills to keep the discussion on track, but at no time should a chair be seen to overly influence the outcome of a debate.
- 5.18 Where the EIJB / committee is seeking assurance on a particular issue, the EIJB / committee should be allowed sufficient time to debate and discuss any areas of concern prior to reaching an agreed decision. Following each agenda item, the chair should effectively summarise the discussion and ensure that actions and outcomes are clearly captured.
- 5.19 The chair has an important role in creating a meeting environment where all members of the EIJB / committee feel comfortable to contribute to discussions. The chair should ensure that less forceful members of the EIJB / committee are included by actively seeking their opinion and similarly, where a member of the EIJB / committee appears to disengage from discussion, the chair should seek to re-engage them.



Effectiveness Review

- 5.20 It is good practice for the effectiveness of the committees of the EIJB to be reviewed annually to assess how they are operating in practice. There are various ways to do this, one of which could be to develop a survey for completion by members of each committee. Examples of areas to consider when reviewing the effectiveness of the committees of the IJB could include:
- a) Does the committee fulfil its remit, as set out within its Terms of Reference?
 - b) Does the committee have sufficient membership, authority, influence, and resources to perform its role effectively?
 - c) Do committee members, and those in an attendance capacity, provide the right balance of experience, knowledge, and skills to fulfil the duties set out in the Terms of Reference?
 - d) Are assurance reporting arrangements from the committee to the Board sound?
 - e) Is the committee chair's leadership appropriate? Is the committee meeting well led?
 - f) Are committee agendas relevant and focused on the right matters, and do meetings allow sufficient time to enable the committee to undertake as full a discussion as may be required?
 - g) Does the committee spend enough time on considering the strategic and emerging national agenda?
 - h) Is the committee agenda related to risk and the board assurance framework? Does the committee regularly review relevant risks as appropriate and their impact on assurance?
 - i) Is the committee decision-driven?
 - j) Are papers of an appropriate quality (e.g., not overly lengthy, and clearly explain the key issues and priorities), focused on trends and enabling the effective management of relevant risks?
 - k) Do they lead to a decision being taken by the committee?
 - l) Are papers distributed in sufficient time for members to give them due considerations?
 - m) Is there a sufficient focus on the patient voice and user / carer experience (*where appropriate*)?
 - n) Does the committee add value to the overall governance arrangements?

 - o) Is the way the committee relates to other committees of the IJB clear and well understood?
 - p) Does the committee work well with other committees of the IJB?
 - q) Is there evidence of cross fertilisation of ideas and thinking across and between committees?

6. EIJB Strategic Plan

- 6.1 The Act places a duty on Integration Authorities (also known as IJBs) to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control.
- 6.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term (3 years), using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication, and review of the strategic plan, to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.



6.3 The [EIJB Strategic Plan](#) 2019-2022 sets out the vision of the Edinburgh Integration Joint Board and its ambition for health and social care services in Edinburgh. The EIJB wishes to deliver a caring, healthier and safer Edinburgh` and an affordable, sustainable and trusted health and social care system for Edinburgh. It sets out within its Strategic Plan its priorities over a three year period and sets out how health and social care services will be delivered in a more integrated way to improve the quality of support for people who need them and deliver the national health and wellbeing outcomes. It also highlights how we will work with individuals and communities, using the totality of our resources effectively to deliver our values of being empowering, inclusive, working together, honest and transparent.



6.4 There are four key elements to the EIJB’s strategic plan:

Edinburgh (health and social care) Pact

6.4.1 Our existing service delivery is largely transactional in nature, and often within rigid models of delivery. Inevitably, there may be certain areas of current care provision models that will no longer be viable, even if desirable. The Edinburgh Pact will aim to reflect a modern pact between providers and citizens to prevent crisis and support people to manage their health and personal independence at home. Key to this will be engagement with people across Edinburgh.

Home First

6.4.2 Whenever possible, in supporting individual choice, we must do what we can to assist an individual to stay at home, or in a homely setting, for as long as possible.

Three Conversations Approach

6.4.3 The Three Conversations Approach is an asset-based approach, centred on working differently, to achieve tangible benefit for people and families reducing bureaucracy, increasing self-direction, and supporting people to access natural supports within their communities. Its success is focused on growing spread from innovation sites, developing new practice, developed through coaching and mentoring, building a qualitative and quantitative evidence base.

- (a) Conversation 1 - listen and connect
- (b) Conversation 2 - work intensively with people in crisis
- (c) Conversation 3 – build a good life

Transformation

6.4.4 To build and maintain momentum and to deliver the EIJB strategic objectives, we will take a programmed approach to service redesign and transformation.



7. EIJB Standing Orders

- 7.1 Standing Orders are required by the EIJB under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (no 285).
- 7.2 Standing Orders encourage transparent and accountable decision making, with sufficient provisions in place to ensure the smooth running of the EIJB which includes arrangements for such matters such as chairing of meetings, notice required for meetings and how voting will be carried out.
- 7.3 The EIJB last approved the Standing Orders on 19 April 2022. The iteration contained within this report ([Appendix 4](#)) is the iteration approved by the EIJB on 16 November 2023.

8. EIJB Code of Conduct

Nolan and Scottish Governance Principles of Conduct

The Nolan Principles of Public Life

"The only way to be sure that they do the right thing is to keep an eye on them, to challenge them, to hold them to account and, above all, to take part in them."

Nolan (1996)

- 8.1 The Nolan Committee concluded that public bodies should draw up 'Codes of Conduct' incorporating the following principles, and that internal systems for maintaining standards should be supported by independent scrutiny.
- 8.2 The Seven Principles of Public Life outlined below are reflected in the key principles of the Edinburgh Integration Joint Board's Code of Conduct (Appendix X):
- (a) **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
 - (b) **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
 - (c) **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
 - (d) **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - (e) **Openness:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
 - (f) **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public



interest.

- (g) **Leadership:** Holders of public office should promote and support these principles by leadership and example.

- 8.3 The Scottish Executive took the Nolan Committee recommendations one step further with the introduction of the Ethical Standards in Public Life etc. (Scotland) Act 2000 which brought in a statutory Code of Conduct for Board Members of Devolved Public Bodies and set up a Standards Commission for Scotland to oversee the ethical standards framework.
- 8.4 The Scottish Executive also identified nine key principles underpinning public life in Scotland, which incorporated the seven Nolan Principles and introduced two further principles:
- (a) **Public Service** Holders of public office have a duty to act in the interests of the public body of which they are a Board member and to act in accordance with the core tasks of the body.
 - (b) **Respect** Holders of public office must respect fellow members of their public body and employees of the body and the role they play, treating them with courtesy at all times.
- 8.5 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties.
- 8.6 Members of the EIJB must meet these expectations by ensuring that their conduct is above reproach. The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.
- 8.7 The Code for EIJBs has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. It is the responsibility of members of the Edinburgh IJB to make sure that they are familiar with, and that their actions comply with, the provisions of this Code of Conduct which has now been made by the IJB. This Code applies when members are acting as a member of the Edinburgh IJB and members may also be subject to another Code of Conduct.
- 8.8 The general principles upon which this Code is based are outlined above in Section 7.2.3 (i). Along with these key principles, the Code covers the following:
- (a) Conduct at Meetings
 - (b) Relationship with IJB members and employees of related organisations
 - (c) Remuneration, allowances, and expenses
 - (d) Gifts and Hospitality
 - (e) Confidentiality Requirements
 - (f) Use of Health Board or local authority facilities by members of the IJB
 - (g) Appointment to partner organisations
 - (h) Registration of interest
 - (i) Declaration of interests
 - (j) Lobbying and access to members of public bodies



The Standards Commission for Scotland

- 8.9 All councils and those devolved public bodies listed under Schedule 3 to the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the Act) are obliged to have a Code of Conduct for their elected and appointed members. The Codes of Conduct have a key role in setting out, openly and clearly, the standards of conduct that must be adhered to by those in public office.
- 8.10 Complaints about breaches of Codes of Conduct are investigated by the Commissioner of Ethical Standards in Public Life in Scotland (ESC). If the ESC considers there may have been a breach of a Code of Conduct, the ESC will report the matter to the Standards Commission for adjudication.
- 8.11 The Standards Commission for Scotland is an independent public body, responsible for encouraging high standards of behaviour by councillors and those appointed to boards of devolved public bodies. The role of the Standards Commission is to:
- (a) Encourage high ethical standards in public life; including the promotion and enforcement of the Codes of Conduct and to issue guidance to councils and devolved public bodies to assist them in promoting high standards of conduct.
 - (b) Review reports from the ESC on the outcome of their investigations and determine whether to hold a Hearing or to take no action. The Standards Commission can also direct the ESC to carry out further investigations.
- 8.12 The Standards Commission will hold a Hearing to determine:
- (a) Whether a councillor or member of a devolved public body has contravened the Councillors' or the Members' Code of Conduct.
 - (b) The sanction to be applied where, following a Hearing, the Panel find that a councillor or member has breached the relevant Code of Conduct.
- 8.13 The Standards Commission for Scotland covers Scottish local authorities, national and regional public bodies, NHS boards, IJBs, further education colleges and regional transport partnerships. More information is available here: <https://www.standardscommissionscotland.org.uk/>

Declaration of interest

- 8.14 Public confidence in the EIJB and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason. It is therefore important for all EIJB members to consider declaration of interest.
- 8.15 Members must not act in a way that would compromise the reputation of the EIJB. If declarations of interest are not managed effectively, confidence in the probity of decisions and the integrity of those involved could be seriously undermined.
- 8.16 In considering whether to make a declaration in any proceedings, all EIJB members must consider not only whether they will be influenced but whether anybody else would think that they might be influenced by the interest. Members must, however, always comply with the objective test ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the EIJB.
- 8.17 All members should familiarise themselves with the EIJB's standing orders and any other associated



guidance.

- 8.18 Failure to manage declarations of interest can result in a legal challenge to public bodies and / or criminal action, for example in relation to bribery, fraud, and corruption. EIJB is statutorily obliged to manage declarations of interest. Together with the rules on **registration of interests**, declaration of interest ensures transparency of interests that might influence, or be thought to influence, the action of a board member. Further detail on the declaration requirements of the EIJB can be found by referring to the **IJB's Standing Orders**.

Registration of interests

- 8.19 Guidance on the registration of interests can be found within the EIJB [Code of Conduct](#). This sets out the kinds of interests, financial and otherwise, that members must register. These are called "Registerable Interests". Members must, always, ensure that these interests are registered, both when they are appointed and whenever circumstances change in such a way as to require change or an addition to their entry in the EIJB's Register. It is the duty of all members to ensure any changes in circumstances are reported within one month of them changing.
- 8.20 The Regulations as amended describe the detail and timescale for registering interests. It is the personal responsibility of all members to comply with these regulations and members should review regularly, and at least once a year, their personal circumstances.
- 8.21 The interests which members are required to register are set out under the following:
- (a) Category One: Remuneration
 - (b) Category Two: Related Undertaking
 - (c) Category Three: Contracts
 - (d) Category Four: Houses, Land and Buildings
 - (e) Category Five: Interest in Shares and Securities
 - (f) Category Six: Gifts and Hospitality
 - (g) Category Seven: Non-Financial Interests
- 8.22 These relate to members of the EIJB. It is not necessary to register the interests of your spouse or cohabitee.

Board Etiquette

- 8.23 This etiquette statement sets out the standards of conduct and behaviour that all EIJB members and those working with us, are expected to adhere to, in all that we do, in the name of the EIJB. It is expected that all members of the committees of the EIJB act in accordance with this etiquette statement.
- 8.24 We collectively take responsibility for holding ourselves accountable. In addition, we look to the EIJB chair and chairs of each meeting, to help us ensure that these standards are upheld.
- We will:**
1. Commit to collective decision -making and abide by the decisions taken in formal business.
 2. Contribute actively, participate where possible through being present, and not seek to re-run discussions or decisions made in our absence.
 3. Commit to the EIJB as a collective enterprise with a shared purpose, to which we are all contributing our skills, knowledge and responsibilities as board members not representative of specific interests.



4. Show respect, tolerance and sensitivity in our behaviour to each other and to those operating in the name of the EIJB without diminishing the need for rigour and challenge.
5. Show loyalty towards each other and to the EIJB at all times, supporting colleagues in resolving conflicts, problems and issues that may arise from other roles and responsibilities they hold.
6. Be honest and open, framing any contributions constructively, respecting others' freedom to speak, disagree or remain silent and seeking to resolve differences positively.
7. Observe the basic rules of business by reading all papers before meetings, seeking to clarify any points of detail in advance, arriving on time, and participating wholeheartedly.
8. Make the best use of time by keeping contributions as relevant and succinct as possible.
9. Operate at all times within the limits of delegated authority we have to take decisions and be clear when we need to seek higher authority.
10. Contribute to the creation of a shared risk appetite and be guided by this collective understanding in our thinking and doing.
11. Respect confidentiality at all times, abiding by the communications protocols and practices agreed for the EIJB.
12. Not become obsessed with detail as the expense of the bigger picture

- 8.25 At the end of each meeting, we will review performance against the above standards and identify any learning for ourselves and for colleagues not present. To help, we will ask the following questions:
- (a) Were we able to do what we needed to do – did we use our time and resources well?
 - (b) Were the right people present – who else should have been here?
 - (c) What helped it go as well as it did – what could we have done better?

Constructive challenge

- 8.26 The presence of constructive challenge is a core aspect of a well-functioning Board and is critical to Board effectiveness. Members of the EIJB need to feel confident in their ability to discuss information and colleagues must present appropriate challenge to one another in order to take effective and transparent decisions. In order to consider options and consequences, and in doing so take the best decisions, the board must go through a process of **constructive challenge**, where ideas, facts and beliefs are scrutinised (or tested) in order to verify, confirm or overturn as appropriate. This ability to effectively scrutinise and challenge is critical to understanding the real issues and to ensuring consistently constructive and informed decision taking.
- 8.27 All EIJB members have equal responsibility as Board members. It is best practice for constructive challenge to come from all board members, regardless of individual roles. In relation to constructive challenge, Board members should listen to what is being said during discussions and offer contributions which might include asking challenging questions that act to either clarify or expose gaps in the board's understanding of a given issue.
- 8.28 Constructive challenge should not be ignored or marginalised by members of the board. Similarly, it should not be automatically assumed that issues have been appropriately scrutinised and challenged elsewhere, outside the forum of the meeting (for example, in committee or management meetings). However, constructive challenge does not mean that Board members should adopt an oppositional stance, nor seek to 'catch out' other members or officers.
- 8.29 An appropriate level of trust amongst members, the provision of high-quality information in papers, and manageable meeting agendas are all critical factors to support effective constructive challenge.

Challenge should always be independent and constructively critical in the interest of delivering the EIJB's strategic objectives, as opposed to oppositional.

9. EIJB Financial regulations

- 9.1 The finance management arrangements within the EIJB require to conform with the governance requirements of the CIPFA Statement on the Role of the Chief Finance Officer in local Government (2015).
- 9.2 The EIJB Chief Finance Officer will discharge their duties in respect of the delegated resources by:
- a. Establishing financial governance systems for the proper use of the delegated resources.
 - b. Ensuring that the Strategic Plan is affordable, meets the requirement for best value, ensuring the best use of the EIJB's resources.
 - c. Ensuring the resources that are allocated to NHS Lothian and the City of Edinburgh Council are spent in line with the priorities set in the Strategic Plan and ensuring that Directions are clear to allow partners (i.e., CEC, NHS Lothian or both) to discharge their responsibilities in this respect.
- 9.3 The Health Board Accountable Officer and the Local Authority Section 95 Officer are responsible for the resources that are paid by the EIJB to NHS Lothian and CEC, specified within Directions issued in relation to operational delivery
- 9.4 The Chief Officer of the Edinburgh Integration is also jointly accountable for the operational delivery for operational services within the Edinburgh Health and Social Care Partnership and is:
- (a) Accountable to the Chief Executive of NHS Lothian for financial management of the operational budget.
 - (b) Accountable to the Section 95 Officer of the Local Authority for financial management of the operational budget.
 - (c) Accountable to the Chief Executives of CEC and NHS Lothian for the operational performance of the services within the Edinburgh Health and Social Care Partnership.
- 9.5 The Local Government (Scotland) Act 1973 (Section 106, Section 13) requires the EIJB to ensure that audit and account provisions of a body are in place. This requests audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973).
- 9.6 EIJB members and senior officers are responsible for implementing effective arrangements for governing the EIJB's affairs and facilitating the effective exercising of its functions. The EIJB must manage the actions taken on its behalf that carry financial implications to provide assurance of their propriety and consistency. All financial transactions instructed by the EIJB should also be within the legal powers of the EIJB.
- 9.7 The EIJB, through Performance and Delivery Committee, have approved Financial Regulations which set out its arrangements for financial regulations. This also form a key element of the maintenance of a robust, governance framework for EIJB financial arrangements.



10. Annual Governance Statement

- 10.1. The EIJB is required to conduct a review at least annually and report publicly on:
- on the effectiveness of its system of internal control and
 - compliance with its own code governance framework and
 - how it has monitored the effectiveness of its governance arrangements in the year and
 - highlight any areas requiring improvements.
- 10.2. The outcomes of this review are then combined into an [Annual Governance Statement](#), and this is included within the EIJB annual accounts. It enables the EIJB to report publicly on compliance with its own code of governance and explains and the controls it has in place to manage risks of failure in delivering its outcomes.
- 10.3. The Annual Governance Statement will also include a review of the collective performance of the EIJB including previously identified actions and the progress made against implementation. Any failures of controls will be considered for disclosure within the Annual Governance Statement alongside any improvement actions required for significant failures.
- 10.4. Factors which indicate a significant failure include but are not limited to:
- matters reported on by internal or external audit.
 - increased risk to service delivery.
 - impacts to planned use of resources.
 - material impact to the finance statements.
 - risks to data integrity or patient confidentiality, including any lapses of data security; and breaches of the Financial Regulations and/or Standing Orders.
- 10.5. External auditors review the Annual Governance Statement in the Annual Accounts, and the Chief Internal Auditor provides an Annual Assurance opinion. Both parties consider whether the governance statement reflects compliance with the essential features. They identify any information that is materially incorrect based on, or inconsistent with, their knowledge of the EIJB, or that is otherwise misleading.

11. Audit Arrangements

- 11.1. A risk based internal audit plan for the EIJB is agreed and updated annually. The audit plan considers the risks associated with the delivery of the Strategic Plan, the finance plan underpinning the Strategic Plan; and relevant issues raised by NHS Lothian and CEC internal auditors that may impact on the EIJB. The EIJB provides timely support, information and responses to internal and external auditors and properly considers audit findings and recommendations at the Audit and Assurance Committee.
- 11.2. The EIJB has in place sufficient internal audit arrangements which will review the adequacy of arrangements for risk management, governance, and control of delegated resources. This included determining who is to provide the internal audit service for the EIJB, which is currently undertaken by CEC Chief Internal Auditor. Audit plans for the EIJB, CEC and NHS Lothian are aligned to ensure proper coverage and avoid duplication.
- 11.3. The operational delivery of delegated services within NHS Lothian and CEC will be covered by their respective internal audit arrangements.
- 11.4. The EIJB audit plan will be developed by the Chief Internal Auditor of EIJB (which is currently undertaken by Chief Internal Auditor – CEC), approved by the EIJB and shared with the relevant committees of the NHS Lothian and CEC. The EIJB annual internal audit report may also be shared as appropriate with the partners through the reporting arrangements for internal audit in those bodies.

12. EIJB Risk Management

- 12.1 All Boards handle risk. One hallmark of the maturity and effectiveness of governance is the approach taken by a Board to strategic risk. This is particularly important for any ambitious IJB, such as the EIJB, that will be encouraging and enabling innovation, community engagement and participation, and joint working.
- 12.2 The innovative nature of Health and Social Care Integration Schemes also requires governance systems which support complex arrangements, such as hosting of services on behalf of other IJBs, planning services delivered by other entities, accountability for assurance without delivery responsibility, and other models of care delivery and planning. It is important, therefore, for all members of the EIJB to understand risk management and specifically, how risk should be considered in the boardroom.
- 12.3 Risk can be defined as: **‘The combination of the probability of an event and its consequences’.**
- 12.4 Whilst the day- to-day risk management process in many hospital or social care settings often focus on the reduction of risk in the pursuit of creating a safe environment and providing effective, high quality care, risk can generate significant opportunities.
- 12.5 As such, the role of the Board or institutional leadership is not to always minimise risk. To be effective, it is important for the Board to be explicit in its risk appetite and to clarify what tolerances it has set in its delegation of roles to management, committees, and partners and suppliers. In doing so, the following principles should be adhered to:
- (a) **Principle One:** an engaged Board focuses the business on managing the things that matter.
 - (b) **Principle Two:** the response to risk is most proportionate when the tolerance of risk is clearly defined and articulated.
 - (c) **Principle Three:** risk management is most effective when ownership of, and accountability for, risks is clear.
 - (d) **Principle Four:** effective decision-making is underpinned by good quality information.
 - (e) **Principle Five:** decision-making is informed by a considered and rigorous evaluation and costing of risk.
 - (f) **Principle Six:** future outcomes are improved by implementing lessons learnt.
 - (g) In essence, the EIJB should be **focused on its strategic objectives** and the **risks that might compromise their achievement.**
- 12.6 The EIJB should be aware of the current state of progress with regards to its strategic objectives at any point in time. Whilst there will always be elements of uncertainty, the EIJB needs to be assured (either positively or negatively) as to what is feasible and practicable with regard to the delivery of its core objectives.
- 12.7 For the EIJB to receive the necessary assurance, the following governance components and processes are critical and must be in place:
- (a) **Objectives** must be clear and measurable.
 - (b) **Controls** (policies, procedures, structures, staffing etc.) should be put in place by management in order to achieve core objectives.
 - (c) **Performance** against tangible measures of success should be regularly reviewed.
 - (d) **Risks** to the achievement of objectives and individual tangible success measures should be identified. Risks should be assessed and graded in terms of their impact on a particular or



specific objective and escalated for consideration against higher objectives as required.

- (e) **Risk management** decisions should be taken in light of risk appetite; risk tolerance; and the cumulative impact and likelihood of any or all of the risks threatening achievement of a single objective.
- (f) **Action** should be taken in response to risk, including additions or amendments to the control framework.

12.8 Once these are embedded, the Board needs to be reliably assured that each component is operating effectively within an overall framework. The Board will also need to know the specific output from this process in relation to each strategic objective.¹⁵ Once reliable information and assurance in relation to each governance component described is available, in relation to a given strategic objective, the board can be confident about the delivery of that objective. Critically, the Board must have:

- (a) **Clarity** about what the strategic objective is and what is being measured to demonstrate success.
- (b) Assurance that **controls** are in place to help the organisation achieve the objective.
- (c) Assurance that those controls will lead to the desired **outcomes**.
- (d) Assurance that the **controls are implemented/adhered to**.
- (e) **Performance** information about current achievement.
- (f) Assurance regarding the **reliability** of the performance information.
- (g) Assurance that singular and cumulative risks are **graded consistently** in relation to each strategic objective.
- (h) **Knowledge** of the risk management decisions taken and why.
- (i) Assurance that the actions address the **root cause**.
- (j) Assurance that the actions agreed are being implemented and will be **monitored**.
- (k) Assurance that the systems used to generate the above assurances are **sound and robust**.

Risk Appetite

12.9 Risk appetite, defined as '**the amount and type of risk that an organisation is prepared to pursue, retain or take**²¹' in pursuit of its strategic objectives, is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings. It is essential that Boards understand and apply risk appetite because:

12.10 If they do not know what their organisations collective appetite for risk is and the reasons for it, then this may lead to erratic or inopportune risk taking, exposing the organisation to a risk it cannot tolerate; or an overly cautious approach which may stifle growth and development.

12.11 If they do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised, and patient and user outcomes affected.

12.12 It can serve as the basis for consistent and explicit communication at different levels, and to different stakeholders.

12.13 Risk appetite will be influenced by several factors including personal experience, political factors, and external events, among others. Risk can generate significant opportunities and therefore should be considered in terms of both opportunities and threats:

- (a) When considering threats, the concept of risk appetite embraces the level of exposure that is considered tolerable and justifiable should it be realised.
- (b) When considering opportunities, the concept embraces consideration of how much one is



prepared to actively put at risk to obtain the benefits of the opportunity.

- 12.14 It is important that Boards understand that to achieve their strategic objectives they may have to adopt a more assertive risk appetite, recognising that risk appetite should be forward looking.
- 12.15 **Risk tolerance** is subtly different to risk appetite in that it reflects the boundaries within which the Executive Team are willing to allow the true day-to-day risk profile of the organisation to fluctuate, while they are executing strategic objectives in accordance with the EIJB's strategy and risk appetite. It is **the level of residual risk within which the Board expects committees to operate and management to manage**. Breaching the tolerance requires escalation to the Board for consideration of the impact on other objectives, competing resources, and timescales. At least once a year, the EIJB should set specific limits for the levels of risk the organisation is able to tolerate in the pursuit of its strategic objectives.
- 12.16 The EIJB should also review these limits during periods of increased uncertainty or adverse changes in the business environment. In setting these risk appetite and tolerance levels, the board should consider risk factors in both the external and internal business environments. These levels could be measured quantitatively, qualitatively, or both, and should be specific to each of the relevant core activities and outcomes. The EIJB should audit the management of significant strategic risks undertaken by managers and satisfy itself that decisions balance performance within the defined appetite and tolerance limits. The EIJB should ensure that it understands the implications of risks taken by management in pursuit of better outcomes, as well as the potential impact of risk-taking by, and on, local communities, partner organisations, strategic providers, and other stakeholders.

Figure 2 below describes how boards can apply risk appetite.



EIJB Risk Appetite Statement

- 12.17 The Edinburgh Integration Joint Board (EIJB) recognises that long-term sustainability is essential to improve health and care outcomes for the population of Edinburgh and it depends on the achievement of our strategic objectives which will require us to take some risks. It may include us taking risks with our partners to ensure ambitious and innovative approaches to deliver health and care services for the population of Edinburgh.
- 12.18 The EIJB will adopt an overall **Eager** approach to risk taking and be innovative and chose options which deliver first class health and care services and may carry greater risk to achieve delivery where the long-term benefits would outweigh any short term losses.
- 12.19 Undernoted are the risk levels for six key areas of risk facing the EIJB:
- Strategic Planning** - we have an **eager** approach to risks that will support delivery of the EIJB's strategic priorities through the development of innovative and transformational health and



care models which will deliver long term benefits that may outweigh any short term losses.

- (b) **Financial** - The EIJB have an **eager** approach to risk where the EIJB will invest for the best possible return in innovation and accept the possibility of increased risk which deliver health and care services that meet the needs of the population of Edinburgh.
- (c) **Service delivery** - we have an **eager** approach to risk that will allow innovation and creativity to support new ways of designing and delivering services and improving outcomes.
- (d) **People** – the EIJB have an **eager** approach to risks that will address the workforce challenges highlighted in the EIJB’s workforce plan. It will help us deliver our strategic objectives set out in the Strategic Plan and support partners to attract, recruit, and retain the right people with the right skills in the right place through innovative and transformational approaches to recruitment and retention.
- (e) **Regulation and Legislation** - The EIJB will seek to have a **minimal** approach to risks that could impact negatively on the health and care outcomes and safety of individuals who use our services or meet our IJB legal and statutory obligations.
- (f) **Reputational** - The EIJB will take an **open** approach to risks that may result in any undue risk of adverse publicity, risk of damage to its reputation and any risks that may impact on our ability to demonstrate high standards of probity and accountability if there is the potential for improved outcomes for people who use our services.

12.20 Risks will be considered in the context of the six risk appetite statements (undernoted), the EIJB’s risk tolerance and where assurance is provided that appropriate controls are in place, and these are robust.

Risk appetite levels

- 12.21 **Strategic Planning** - The EIJB aim to commission services of the highest quality for the residents of Edinburgh and will only achieve this by having a **very high appetite** towards risk and encourage innovation, creativity, and courage to meet the strategic challenges faced in Edinburgh. The EIJB supports the taking of calculated and well thought through risk taking to achieve positive outcomes and improve service delivery, quality and delivering transformational services which supports the outcomes of the strategic plan. The EIJB has a very high appetite to strategically move toward prevention and early intervention in the context of transformation and sustainability and there is a clear commitment to encouraging the workforce to develop and deliver safe and quality health and care services.
- 12.22 **Financial** - The EIJB has **very high risk appetite** in relation to financial sustainability and value for money. The EIJB should set a balanced budget and achieve financial sustainability, however it recognises that to deliver significant transformational change and think about the totality of finances differently means the EIJB will invest for the best possible return / outcomes and accept the possibility of increased financial risk where the outcome/s are:
- (a) a shift to early intervention
 - (b) delivery of transformational changes
 - (c) a more efficient organisation
 - (d) sustainable services
- 12.23 **Service Delivery** - the EIJB has a **very high risk appetite** towards risk and wishes to drive a culture of innovation and creativity to foster new ways of designing and delivering services and improving outcomes and moving to prevention and early intervention. It supports calculated risk taking and utilising all the resources available to achieve the best possible outcome, whilst ensuring compliance with regulation and legislation. Safe delivery of health and care services is a priority for the EIJB with a **low risk appetite** for



risk/s relating to the safety of individuals using our service or our staff.

- 12.24 **People** - the EIJB has a very **high risk appetite** for addressing workforce challenges in relation to delivering the EIJB Workforce Plan. The EIJB want to attract, recruit, and retain the right people with the right skills in the right place and wishes to pursue innovative approaches to recruitment and retention in collaboration with partners. The EIJB is willing to take calculated risk where the outcomes may have implications for the workforce, but it could improve the skills and capabilities of our staff and deliver a more efficient and / or sustainable health and care service. We recognise that innovation is likely to be disruptive in the short term. There is a **low appetite** for risk related to the safety of supported people or the workforce.
- 12.25 **Regulation and legislative requirements** - the EIJB has a **low risk appetite** and is committed to compliance with relevant legislation, regulation, sector codes and standards as well as internal policies and sound corporate governance principles. There is a low appetite for risks related to the safety of individuals who use our services or the workforce. This is coupled with a full commitment to partnership with trade unions, ethical standards and staff governance standards and a **low risk appetite** for risks to these principles.
- 12.26 **Reputational** - the EIJB has a **moderate risk appetite** and will only accept risks to reputation of the EIJB where this is likely to deliver on the EIJB objectives / strategic priorities, and the short term reputational risk will be out weighted by the longer term benefits for individuals who use our services.
- 12.27 In view of the changing landscape, the EIJB's risk appetite will not necessarily remain static. There are six risk levels which give a range of statements that specific key measures and these are mapped to risk appetite statements which the EIJB will use. The EIJB should review their risk appetite on a frequent basis at least annually and vary the amount of risk it is prepared to take, depending on the circumstances at the time.



Appetite & risk levels matrix

Risk Level	Adverse Avoidance of risk and uncertainty is a key objective.	Minimal Preference for very safe delivery options that have a low degree of risk and a limited reward potential.	Cautious Preference for safe delivery options that have a low degree of risk and only limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager Eager to be innovated and chose options offering higher business rewards (despite greater risk).	Significant Confident in setting high levels of risk appetite because of controls forward scanning and responsiveness systems are robust.
Key Elements						
Appetite	None	Low	Moderate	High	Very High	
Strategic Planning How do we do business?	Defensive approach to delivery of strategic planning, maintain and protect strategic delivery rather than innovate.	Guiding principles in place that limit risk in pursuit of strategic aims / priorities. Innovation largely avoided unless essential. Organisational strategy is refreshed at 5+ intervals.	Guiding principles in place that minimise risk in pursuit of EIJB strategic priorities. Tendency to stick to the current state, innovation generally avoided unless necessary. EIJB strategy is refreshed at 4-5 year intervals.	Guiding principles in place that allow considered risk taken in pursuit of EIJB strategic priorities. Innovation supported with clear demonstrative benefits / improvement. EIJB strategy is refreshed at 3-4 year intervals.	Guiding principles in place that are receptive to considered risk in pursuit of EIJB strategic priorities. Innovation pursued - desire to break the mould and challenge current practices. EIJB strategy is refreshed at 2-3 year intervals.	Guiding principles in place that welcome considered risk taking in pursuit of EIJB strategic priorities. Innovation actively encouraged / pursued and desire to do things differently seen as the norm. EIJB strategy is refreshed at 1 year intervals.
Financial How will we use our resources?	No appetite for decisions of actions that may result in financial loss.	Willing to accept the possibility of very limited financial risk. Budgets focus on value for money (VFM) and balanced budget / financial sustainability and aligned to key priorities.	Prepared to accept the possibility of limited financial risk. However primary focus is on VFM. Balanced budget and strong financial management in place and aligned to key priorities.	Prepared to accept some financial risk if appropriate controls are in place & clear understanding about VFM/ but it is not the overriding factor. Willing to invest in transformation and innovative programmes to increase efficiency and effectiveness and achieve financial sustainability. Seeks to identify robust and proactive approach to managing and identifying resources.	The EIJB will invest for the best possible return in innovation and transformation and accept the possibility of increased financial risk to achieve financial sustainability.	The EIJB will consistently invest in the best possible return to achieve its strategic objectives, recognising that the achievement of those will outweigh the risks. There is a strong commitment for greater risk appetite in shifting towards earlier intervention and doing things differently to deliver digital opportunities, transformation and sustainability.

Page 89



Risk Level	Adverse Avoidance of risk and uncertainty is a key objective.	Minimal Preference for very safe delivery options that have a low degree of risk and a limited reward potential.	Cautious Preference for safe delivery options that have a low degree of risk and only limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager Eager to be innovated and chose options offering higher business rewards (despite greater risk).	Significant Confident in setting high levels of risk appetite because of controls forward scanning and responsiveness systems are robust.
Key Elements						
Appetite	None	Low	Moderate	High	Very High	
Legislation & Regulation How will we be perceived by our regulators?	No appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	Avoid any decision that may result in challenge by statutory or regulatory bodies unless essential.	Prepared to accept the possibility of limited legislative or regulatory challenge. We would seek to understand where similar actions had been similar in other areas before taking any decisions.	Prepared to accept the possibility of some legislative or regulatory challenge if we are reasonably confident that we would be able to challenge this successfully.	We are willing to take decisions that will result in legislative or regulatory intervention if we can justify these and where the benefits outweigh the risk.	We are comfortable challenging legislative or regulatory practice. We have significant appetite for challenging the status quo to improve outcomes for people.
Service Delivery & Quality How will we deliver quality health and care services?	No appetite for decisions that may have an uncertain impact on service delivery or service quality outcomes.	Avoid anything that may impact on service delivery or quality outcomes unless essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on service delivery or quality where there is a low degree of risk and the possibility of improved outcomes for people and appropriate controls are in place. We will take calculated risks to achieve positive service outcomes and improving service / service quality.	Prepared to accept the possibility of a short-term impact on service delivery or quality outcomes where there is a potential for longer-term rewards. We support innovative approaches to services to meet positive services outcomes and transformational programmes.	Pursue innovation wherever appropriate. We are willing to take decisions on service delivery or quality where there may be higher risks but the potential for significant long term gains. The EIJB will take innovative approaches, test new ways of working alongside calculated risk/s.	Seek to lead the way and will prioritise new innovations, even in emerging fields. We consistently challenge current working practices to drive service delivery and / or quality improvement.

Page 6 of 6



Risk Level	Adverse	Minimal	Cautious	Open	Eager	Significant
Key Elements	Avoidance of risk and uncertainty is a key objective.	Preference for very safe delivery options that have a low degree of risk and a limited reward potential.	Preference for safe delivery options that have a low degree of risk and only limited potential for reward.	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager to be innovated and chose options offering higher business rewards (despite greater risk).	Confident in setting high levels of risk appetite because of controls forward scanning and responsiveness systems are robust.
Appetite	None	Low	Moderate	High	Very High	
Reputational How are well perceived by the public & our partners?	No appetite for decisions that could lead to additional scrutiny or attention on the EIJB.	Our appetite for risk taking is limited to those events where there are no chances of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit the fallout.	Prepared to accept the possibility of some reputational risk if there is the potential for improved outcomes for people who use our services.	Willing to take decisions that are likely to bring scrutiny of the EIJB. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	Comfortable to take decisions that may expose the EIJB to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for people who use our services.
People How will we be perceived by staff?	No appetite for decisions that could have a negative impact on our workforce development, recruitment, and retention. Sustainability is our primary interest.	Avoid all risks relating to the health and care workforce unless essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if they are established and proven to be effective elsewhere.	Prepared to take limited risks with regards to the workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	Prepared to accept the possibility of some workforce risk, as a direct result from innovation if there is the potential for improved recruitment and retention and developmental opportunities for staff. The EIJB will be innovative in identifying recruitment and marketing opportunities including attracting people into the health and care sector.	Pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but with the possibility of long term gains. The EIJB will seek to encourage and maximise opportunities attract and retain talent in health and care services.	Seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive positive change.

Page 87



Balancing risk and innovation

- 12.28 EIJB is moving rapidly towards an innovative transformation approach to drive forward its vision, based on citizen and stakeholder engagement. A key focus of the EIB is to increase the pace and focus for transformation and change efforts as a Health and Social Care Partnership and to increase efforts as they relate to the wider change in demand, demographics and to create and build a sustainable, high-quality health and care system for the future in this city. There exists a significant opportunity to recast the offer to the public and shape services to be fit for the 21st Century. This will involve thinking and acting in radically different ways and in reframing the relationship with the public, partners and staff to deliver a new Edinburgh model of care and support across the city.
- 12.29 With the mounting challenges that health and social care systems across the UK are increasingly experiencing, including here in Edinburgh, the risk landscape is changing, and institutions are increasingly recognising the need to develop more radical and disruptive strategies that require taking, and embracing, risk.
- 12.30 A core priority of the EIJB is to transform health and social care services for the people of Edinburgh for the better. This involves engaging in transformational change, which, by its very nature, involves an inherent degree of risk taking. It is critical, therefore, to have in place a framework for risk appetite that allows the EIJB to use a common language in the deliberation of complex reputational, financial, outcomes, and regulatory risks, and to ensure that there is a collective appreciation of the levels of risk that the EIJB is prepared to take.
- 12.31 Some examples of key questions for EIJB members to consider when further developing the EIJB risk appetite are as follows:
- (a) Is the IJB clear about the nature and extent of the significant risks it is prepared to take in achieving its strategic objectives?
 - (b) What are the significant risks the IJB is willing to take?
 - (c) What are the significant risks the IJB is not willing to take?
 - (d) Does the IJB have different appetite approaches for different types of risk?
 - (e) Which risks could seriously impact our strategic objectives and are we operating within our appetite for them?
 - (f) How well are these risks being managed and which areas require further improvement?
 - (g) What steps has the IJB taken to ensure oversight over the management of the risks
 - (h) Does the risk data presented to the IJB improve its understanding of the risk exposure?
 - (i) What is the evidence that risk appetite has been implemented effectively?
 - (j) Has the EIJB played an active role in the monitoring and learning from the risk appetite process?

The Board Assurance Framework

- 12.32 To be confident that the systems of internal control are robust, Boards need to be able to provide evidence that they have systematically identified their objectives and managed the principal risks to achieving them.
- 12.33 A good Board Assurance Framework (BAF) helps boards to undertake this duty. To fulfil its statutory responsibilities, the EIJB must have a sound understanding of the principal risks facing the



organisation or entity. Principal risks are defined as those that threaten the achievement of the organisation's strategic objectives and is essential that Boards understand that they need to manage potential principal risks, rather than reacting to the consequences of risk exposure.

- 12.34 It is the role of the EIJB to determine the level of assurance that should be made available to them about those risks. A BAF provides the organisation or entity with a simple but comprehensive means by which to effectively manage the principal risks to meeting the strategic objectives. It should record the Board's confidence in the achievement of each strategic objective at any given point in time, considering all information that has been made available to the Board. The BAF should then be maintained as a live tool to support effective decision taking and provide evidence and justification to underpin the decision-making process.
- 12.35 For the BAF to be effective, the process must be underpinned by a robust organisational governance process that provides adequate assurance that controls are effective and can withstand internal and external scrutiny. Internal scrutiny comes from the Board, where it should be used to hold the executive team to account. External scrutiny comes from the regulators and external auditors. Guidance requires the BAF to:
- (a) Establish the principle objectives.
 - (b) Identify the principle risks that may threaten the achievement of these objectives.
 - (c) Identify and examine the systems of internal control in place to manage the principle risks.
 - (d) Identify and examine the review and assurance mechanisms which relate to the effectiveness of control (e.g., management checks, Internal Audit, Clinical Audit, External Audit, other reviews)
 - (e) Identify positive assurances and areas where there are gaps in controls and / or assurances.
 - (f) Put in place plans to take corrective action where gaps in controls and / or assurances have been identified in relation to principal risks
 - (g) Board and committee agendas should also engage with strategic risk.
- 12.36 The Board can delegate some of the role of scrutiny of assurances to its committees to save time for the Board and make the most appropriate and efficient use of expertise. Boards may be able to place greater reliance on assurances if they are confident that they have been robustly scrutinised by one of their committees¹⁹. Therefore, the programme of work for committees of the Board should be linked to the BAF, with the board commissioning the assurance functions of committees and linking this to the strategic aims of the organisation.
- 12.37 As well as the document generated, the term 'Board Assurance Framework' should refer to the wider systems and processes of governance that are in place to provide the Board with assurance regarding the achievement of its strategic objectives.

13. Ongoing Review and Continuous Improvement

- 13.1 The EIJB is committed to improving governance on a continuing basis through a process of evaluation and review to ensure compliance with best practice guidance and address improvement areas. This includes how they have monitored and evaluated the effectiveness of their governance arrangements in the year, and on any planned changes in the coming period. Monitoring also includes self-assessment and improvement planning.
- 13.2 The arrangements each year are subject to annual review to consider any revised guidance issued from the Scottish Government or Audit Scotland. The EIJB may also, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulation of the procedure of business of the EIJB and of any Committee. All EIJB committees have a role in advising the EIJB on these matters.

14. Feedback and Key Contact

- 14.1 The EIJB aims to continuously improve service delivery and it is important that this handbook remains relevant.
- 14.2 We would therefore be happy to hear from you about new operational procedures, changes to legislation, confusion regarding the interpretation of statements or any other matter connected with the Code.
- 14.3 Enquiries about the content within this handbook should be directed to Angela Brydon @ angela.brydon@edinburgh.gov.uk

Appendix 1 - Key issues in governance – sample issues and questions

Sample questions for consideration by the IJB:

1. There is no “right” set of questions for a Board to consider. Each Board member will make a different contribution and bring different perspectives to bear. It is however important for Board members, and for the Board as whole, to take time to reflect on what they are seeking to achieve collectively and individually. This can be done systematically and be linked to development activities, but it does need to be done rigorously as a way of providing a framework for personal self- assessment and the assessment of the effectiveness and impact of the Board as a whole.

2. Common questions which the Board will need to spend time considering include:
 - (a) what do we as a Board need to do to:
 - (b) ensure reporting routes are strong?
 - (c) manage the amount and quality of information?
 - (d) understand the nature of assurance?
 - (e) ensure Board members know the business of the organisation
 - (f) assess the real risks in the organisation?
 - (g) ensure challenge is possible and robust within the terms of the etiquette?
 - (h) ensure that our governance structure is based on sound, tested values?
 - (i) how and when do we assess our impact as a Board and our contribution as individuals?
 - (j) what is our agreed risk appetite and what does this mean for how we work?
 - (k) how effective is our governance in relation to both quality assurance and innovation?
 - (l) what is our collective role in relation to civic and place-based leadership and more broadly?

3. For individual Board members one simple and effective approach to help keep these issues in mind is to develop a “score card” which sets out clearly what contribution and outcomes are being aimed for by a particular date. The simple format below with prompt questions and guidance notes might be helpful. Ideally this would form part of a systematic approach to personal appraisal and assessment, but the responsibility lies ultimately on each member to ensure they are effective in their role.

4. This process may be particularly helpful for IJB members as their role in the IJB makes different demands from those in other settings.

Score card element	Prompt questions	Guidance notes
Outcomes	<p>(a) What do I want the IJB to achieve by (insert date)?</p> <p>(b) What specific outcomes matter most to me?</p> <p>(c) How am I going to measure progress?</p>	<p>This is not easy to do and should involve an element of “stretch”.</p> <p>Your personal outcomes are unlikely to be the same as for the IJB. It is important to be as specific as possible on measurement.</p>
Contribution	<p>(a) What specific contribution do I need/want to make to the IJB by (insert date)?</p> <p>(b) How will I measure that contribution objectively?</p> <p>(c) Who and what am I dependent on to achieve this?</p>	<p>Contribution can take many forms. However, it is about how you want to describe your contribution which may go beyond your role in meetings and formal business. Being clear and honest about measurement is an important part of making this of real value.</p>
Personal knowledge and learning	<p>(a) What areas of knowledge and understanding do I need/want to grow to increase my contribution and effectiveness?</p> <p>(b) How am I going to support other members of the Board during the year?</p>	<p>One area to focus on is about clarity of the way the governance of the IJB operates. This may help identify areas where you feel you would like to know more, for example, about assurance and reporting arrangements. Being specific and being timely in ensuring you act on the self- assessment is important here.</p>

Assurance and scrutiny

5. In health, when seeking to gain confidence that all is working well, Boards tend to talk about **challenging, probing**, and **assurance**, whilst in central and local government the term **scrutiny** is more frequently used. Despite differences in language between sectors, as we work more closely together across organisational boundaries, it is important we hold organisations to account but with sensitivity. The predominant intention of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery, and development of health services. Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health, and social care is working.²⁴

Scrutiny

6. ‘**Scrutiny**’ of strategic direction and operational performance happens in different ways - for example through:
- (a) Regulation and inspection
 - (b) Locally elected representatives
 - (c) Board member contribution
 - (d) Community and service user voice
 - (e) Print, broadcast, and social media

- (f) The courts
 - (g) The Centre for Public Scrutiny (CfPS) advocates four principles of good scrutiny:
 - (h) That it offers constructive ‘critical friend’ challenge
 - (i) That it amplifies the voices and concerns of the public
 - (j) That it is led by independent people who take responsibility for their role
 - (k) That it drives improvement in public services²⁶ Additional key features of good scrutiny may include:
 - (l) The separation of executive delivery and review roles
 - (m) A focus on improvement
 - (n) Independent and constructively critical rather than oppositional
 - (o) Engaged early enough to influence strategy and plans
 - (p) Scrutiny, audit, inspection, and regulation must become complementary, clearly aligned, and mutually reinforcing
7. Arrangements for joint service planning, commissioning, and delivery in Scotland provide opportunities for establishing both accountability and a focus on improved delivery through effective scrutiny at a pan-organisational level. It is important for Integration Authorities (IAs) to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account. The Accounts Commission argues that using the nine statutory outcome measures (listed in **Exhibit 1**) will help IAs to focus on the impact of health and care services. However, as well as monitoring performance, IJB members will need to use these statutory outcomes to help redesign services and ensure services become more effective.
8. Importantly, there is a need for regular reporting to partner organisations. This is particularly important where most members of the local authority or NHS Board are not directly involved in the IJB’s work.

Exhibit 1: The Scottish Government, National Health and Wellbeing Outcomes (IAs are required to contribute to achieving nine national outcomes):

Health Boards, Local Authorities and Integration Authorities will work together to ensure that the outcomes are meaningful to people in their area.	
1.	People are able to look after and improve their own health and wellbeing and live in good health for longer
2.	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5.	Health and social care services contribute to reducing health inequalities.
6.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7.	People who use health and social care services are safe from harm.

8.	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.
9.	Resources are used effectively and efficiently in the provision of health and social care services.

9. Since 2008, scrutiny bodies have worked together to identify and agree the key scrutiny risks in each of Scotland’s 32 local authorities and to develop a plan of scrutiny activity to respond to those specific risks. This approach, called Shared Risk Assessment (SRA), is designed to ensure proportionate and risk-based scrutiny in line with the recommendations of the Crerar Report.
10. All 32 local authority areas have a Local Area Network (LAN), consisting of representatives of all the main scrutiny bodies for local government. The purpose of the LAN is to share intelligence and agree scrutiny risks for each council. Annually, each LAN prepares an Assurance and Improvement Plan which contains a scrutiny plan. This document captures agreed areas of risk and good practice, and the resulting scrutiny response for each council. It is the primary planning document for scrutiny bodies. These individual plans are aggregated each year to form the National Scrutiny Plan.
11. The Centre for Public Scrutiny (CoFS) have identified some common themes to overcome potential barriers to effective scrutiny when working across boundaries (**see Exhibit 2**). Exhibit 2: overcoming potential barriers to effective scrutiny of integration

Overcoming potential barriers to effective scrutiny of integration

Potential barrier	Possible solution
Lack of clarity about roles and responsibilities causes tension between health and wellbeing boards, commissioners, providers and scrutiny	➡ Agree a common statement of roles and responsibilities to help avoid duplication and help to plan scrutiny effectively
Scrutiny is not included at an early stage or does not get the information it needs leading to reactive and less influential scrutiny, rather than helping to improve integration plans	➡ Agree a common approach that sets out clear arrangements for scrutiny to be built into the whole cycle of planning, commissioning, delivery and evaluation
Party politics leads to conflicts within scrutiny and between scrutiny, council, executives and partner bodies	➡ Agree a non-partisan approach that separates councillor’s scrutiny role and their representative role
Information about the way health and social care services are planned, operated and funded can be complex and proposals for changes are not always well received	➡ Agree to support scrutiny so that councillors can navigate the health and social care system, appreciate its complexities and respond effectively to proposals for change
Lack of clarity about the policy development and ‘holding to account’ roles of scrutiny	➡ Agree that scrutiny is a balance between collaboration and challenge about priorities and outcomes
Frequent changes in scrutiny arrangements, chairs or members leads to scrutiny becoming inconsistent	➡ Agree a consistent approach to organising scrutiny to help long term effectiveness of the function

Assurance

12. Assurance is ‘a positive declaration that a thing is true’. Assurances are therefore the information and evidence provided or presented which are intended to induce confidence that a thing is true amongst those who have not witnessed it for themselves. The Board must ensure that there are proper and independent assurances given on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes. Assurance provides the confidence that what managers have instigated as controls work. Scrutiny can bring a ‘reality check’ to assurance.
13. Audit and external reviews can provide independent assurance, but it is important that the board

owns and has confidence in the assurance offered. Listing sources of assurance is not good enough. Instead, they should be actively engaged and subject to scrutiny, usually by the audit committee, that they are working. Financial scrutiny is important, combining not just the audit role, but also looking beyond formal compliance to consider outcomes and value achieved for the 'public pound'.

The role of the IJB in assurance

14. The EIJB Audit and Assurance Committee is the committee established by the EIJB to monitor, review and report to the Board on the suitability and efficacy of the Partnership's provisions for governance, risk management and internal control. Included within the purpose and function of the Committee is to provide assurance to the EIJB that it is fulfilling all its statutory requirements and all systems are performing as required, with appropriate and consistent escalation of notice and action; and to review and continually re-assess their system of governance, risk management, and control, to ensure that it remains effective and fit for purpose.

Governing for quality improvement

Overview of clinical and quality governance

15. In 2013, the principles of good governance for both healthcare quality and for quality social care in Scotland were described.³¹ These stressed the importance of:
 - (a) Embedding continuous improvement
 - (b) Providing robust assurance of high quality, effective and safe clinical and care services
 - (c) The identification and management of risks to and failure in services and systems
 - (d) Involvement of service users / carers and the wider public in the development of services
 - (e) Ensuring appropriate staff support and training
 - (f) Ensuring clear accountability
16. The EIJB has overall accountability for improvements, successful delivery, and equally failures, in the quality of delivered care across health and care organisations in Edinburgh. Accordingly, the IJB holds an important role in governing for quality.
17. The term **quality governance** refers to the established structures and processes to enable the IJB to be assured that health and care organisations within the partnership are effectively discharging their responsibilities for quality. Effective clinical governance is key to maintaining quality. Clinical and care governance can be described as **a system through which an organisation is accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.**
18. Clinical and quality governance, therefore, are terms that incorporate all activities that support health and care organisations and / or services to maintain high standards of patient care whilst continuously improving. It is concerned with ensuring that patients remain safe, that risks are effectively managed, and that structures and processes are in place to ensure oversight and assurance on the quality, safety, and effectiveness of delivered care. Effective clinical governance structures should provide focused forums where management of health and care organisations can analyse, understand, and scrutinise quality assurance and compliance data so as this can be acted upon.



19. A robust quality governance framework will:
- (a) Ensure required standards are achieved, and that sub-standard performance is investigated, and appropriate action taken
 - (b) Support in planning for, and driving continuous improvement in the quality of delivered care
 - (c) Enable the identification and sharing of learning, ensuring the delivery of best practice
 - (d) Enable the identification and management of risks to the quality of care and ensure such risks are appropriately escalated
 - (e) Ensure the promotion of a quality focused culture
 - (f) Ensure the IJB is assured on quality

The role of the IJB in clinical and quality governance

20. The **Clinical and Care Governance Committee** has been established by the IJB to monitor, review and report to the Board on the quality of care to the local population, specifically in relation to safety, quality of access and clinical effectiveness and experience.
21. Key responsibilities of the IJB in relation to quality are:
- (a) To be assured that the Health and Social Care Standards are being met by every service
 - (b) To be assured that health and care organisations within the partnership strive for continuous quality improvement, and continuous improvements in patient outcomes
 - (c) To be assured that all staff are motivated and enabled to deliver effective, safe and person- centred care.
22. The role of the IJB is not to seek to duplicate the clinical and care governance arrangements which exist throughout the delivery of services across Edinburgh, but rather to ensure that an adequate control environment is in place to deliver assurance to the EIJB.

Quality assurance versus quality improvement

23. It is important for the EIJB to understand the difference in focus between **quality assurance** and **quality improvement**. These are very different, but related, activities. Successful clinical and care organisations have disaggregated the two as their processes are very different.
24. **Quality assurance** concerns the disciplining of work to meet designed standards. Management need assurance that work undertaken is complying with the set standards.
25. **Quality improvement** is about redesigning work, often radically, to create a shift in performance by changing the rules. It can be a centrally supported activity, but by its nature needs to be a locally delivered one as the literature shows³⁴ that those with the best insight into redesigning work are the operational teams themselves.
26. It is important that organisations create different forums for each activity. Taking the example of serious incidents, one forum needs to be in place to support the proper conduct of investigation and the root cause analysis process, but the learning and sharing of lessons is best done otherwise and probably using different meeting techniques. To shoehorn the two together into an assurance

committee format stultifies the learning and improvement environment.

Quality regulation in Scotland

Care inspectorate

27. On 1 April 2018, Scotland's **Health and Social Care Standards** came into effect, replacing the National Care Standards. The Care Inspectorate is a scrutiny body that supports improvement and looks at the quality of care in Scotland to ensure that it meets high standards. Where improvement is needed, the Care Inspectorate supports services to make positive change and in doing so, to reach the highest standards. The Care Inspectorate registers around 14,000 registered care services in Scotland and inspects each one. Services are graded on key areas such as care and support, physical environment, quality of staffing and quality of management and leadership.
28. The Care Inspectorate also works with other scrutiny and improvement bodies to examine how local authorities, community planning partnerships and health and social care partnerships are delivering a range of services in their communities across Scotland, and how well services are working together to support positive experiences and outcomes for people.

Healthcare Improvement Scotland

29. Healthcare Improvement Scotland strives to achieve better quality health and social care for everyone in Scotland. Their broad work programme supports the healthcare priorities of the Scottish Government, for example, those of [NHS Scotland's Healthcare Quality Strategy](#), and helps health and social care services to improve. Its work programme includes the regulation of independent hospitals and clinics along with the following key parts of the organisation with specific functions:
 - [The ihub](#): helps health and social care providers design and deliver better services for the people of Scotland
 - [Scottish Health Council](#): supports NHS boards and health and social care providers to involve patients and the public in the development of services.
 - [Scottish Health Technologies Group](#): provides advice on the clinical and cost effectiveness of healthcare technologies that are likely to have significant implications for patient care in Scotland.
 - [Scottish Intercollegiate Guidelines Network](#): develops evidence-based clinical practice guidelines for NHS Scotland.
 - [Scottish Medicines Consortium](#): accepts for use those newly licensed medicines that clearly represent good value for money to NHS Scotland.
 - [Scottish Patient Safety Programme](#): improves the safety and reliability of healthcare and reduces harm, whenever care is delivered.
 - [Scottish Antimicrobial Prescribing Group \(SAPG\)](#): work with NHS boards across health and care settings in Scotland to improve antibiotic use, to optimise patient outcomes and to minimise harm to individuals and to wider society.
30. Clinical governance can be described as the system through which the NHS works to monitor and improve the quality of the care and services they deliver. As well as the above functions, Health Improvement Scotland work to ensure that NHS boards have a clear and consistent approach to

clinical governance in healthcare across Scotland and make their findings public. Similarly, the body provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services and independent healthcare services. Findings on performance are published, which demonstrates accountability of these services to the people who use them. This makes a positive impact on the healthcare outcomes for patients, their families, and the public, and feeds the improvement cycle by providing further evidence for improvement.

Edinburgh Integration Joint Board

Revised Edinburgh Integration Scheme 2022

(Body Corporate)

Effective 15th May 2023

Contents

1. Background
2. Definitions and Interpretation
3. The Model
4. Local Governance Arrangements
5. Delegation of Functions
6. Local Operational Delivery Arrangements
7. Clinical and Care Governance
8. Chief Officer
9. Workforce
10. Finance
11. Information-Sharing and Data Handling
12. Complaints
13. Claims Handling, Liability and Indemnity
14. Risk Management
15. Dispute Resolution

Annex 1, Part 1A - Functions delegated by NHS Lothian to the IJB

Annex 1, Part 1B - Additional functions delegated by NHS Lothian to the IJB

Annex 2, Part 1 - Functions delegated by CEC to the IJB

Annex 2, Part 2 - Services currently associated with the functions delegated by CEC to the IJB



Preamble – Aims and Outcomes

1.1 The work of the IJB (as hereinafter defined) will be guided by the integration planning principles as stated in the Public Bodies (Joint working) (Scotland) Act 2014 and will contribute to the achievement of nationally agreed health and wellbeing Outcomes prescribed by the Scottish Ministers in terms of The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014, made under section 5(1) of the Act (as hereinafter defined). Namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People who use health and social care services are safe from harm.
8. 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.
9. Resources are used effectively and efficiently in the provision of health and social care services.

1.2 To this end, the Parties are working towards:

- An affordable, sustainable and trusted health and social care system that is fair, proportionate and manages expectations;
- A people-centred, patient first and home first approach which offers informed choice;
- An integrated health and social care system which optimises partnership with the voluntary and independent sectors;
- A bed base optimised to provide the right care, at the right time, in the right place to support care pathways and informed choice;
- Care supported by innovation, data and the latest technology; and
- A motivated, skilled and representative workforce with a culture of continuous improvement.

1.3 The Parties (as hereinafter defined) will therefore:

- Embed improvements to prevention and early intervention;
- Work with partners to close the inequality gap;
- Positively transform the quality, experience and impact of our services;
- Partner to shift care from hospital to community settings; and

- Support our people and partners to use our collective resources effectively.
- 1.4 The provisions within this preamble do not and are not intended to create legally binding obligations on the Parties or either of them.



Integration Scheme

between

The City of Edinburgh Council, constituted under the Local Government etc (Scotland) Act 1994 and having its principal office at Waverley Court, 4 East Market Street, Edinburgh EH8 8BG (“CEC”);

And

Lothian Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Lothian”) and having its principal offices at Waverley Gate, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG (“NHS Lothian”)

(together the “Parties”, and each a “Party”)

1. Background

- A) The Parties are required to comply with either subsection (3) or (4) of section 2 of the Act (as hereinafter defined), and have elected to comply with subsection (3) such that the Parties must jointly prepare an integration scheme (as defined in section 1(3) of the Act) for the Edinburgh Area (as hereinafter defined).
- B) In preparing this Scheme, the Parties: (a) have had regard to the integration planning principles set out in section 4(1) of the Act and the national health and wellbeing Outcomes prescribed by the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014; (b) have complied with the provisions of section 6(2) of the Act; and (c) have followed the guidance issued by the Scottish Ministers regarding the governance arrangements that are considered by Scottish Ministers to provide the requisite degree of integration; and in finalising this Scheme, the Parties have taken account of any views expressed by virtue of the consultation processes undertaken under section 6(2) of the Act.

The Parties agree as follows:

2. Definitions and Interpretation

- 2.1 The following definitions shall apply throughout this integration scheme and the preamble, except where the context otherwise requires:

“Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Chief Officer” means the individual appointed by the IJB pursuant to section 10 of the Act;

“CEC Section 95 Officer” means the proper officer of CEC appointed to have responsibility for arrangements for the proper administration of the financial affairs of CEC in accordance with

section 95 of the Local Government (Scotland) Act 1973;



“Edinburgh Area” means the local authority area served by CEC;

“EHSCP” means the Edinburgh Health and Social Care Partnership;

“IJB” means the Integration Joint Board for the Edinburgh Area, established by Order under section 9 of the Act;

“IJB Budget” means the total funding available to the IJB in the relevant financial year as a consequence of:

- (a) the payment for delegated functions from NHS Lothian under section 1(3) (e) of the Act;
- (b) the payment for delegated functions from CEC under section 1(3) (e) of the Act;
- (c) the amount “set aside” and made available by NHS Lothian under section 1(3)(d) of the Act for use by the IJB for functions carried out in a hospital in the area of NHS Lothian and provided for the areas of two or more local authorities; and
- (d) any use of EIJB reserves which the EIJB has approved in accordance with clause 10.4.6.

“Integration Joint Boards Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Lothian IJBs” means the integration joint boards to which functions are delegated in pursuance of the integration schemes in respect of the local authority areas served by CEC, East Lothian Council, Midlothian Council and West Lothian Council respectively;

“Neighbouring IJBs” means the Lothian IJBs excluding the IJB;

“Operational Budget” means the amount of the payment made from the IJB to a Party in order to carry out delegated functions;

“Outcomes” means the health and wellbeing outcomes prescribed by the Scottish Ministers in The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014;

“Relevant Date” means 27 June 2015;

“Scheme” means this integration scheme; and

“Strategic Plan” means the plan which an integration joint board is required to prepare, in accordance with section 29 of the Act, in relation to the functions delegated to that integration joint board in pursuance of an integration scheme in respect of the relevant local authority area; and, except in its application to a strategic plan prepared or under preparation by one of the Neighbouring IJBs, means the strategic plan which the IJB is required to prepare in respect of the Edinburgh Area.

- 2.2 Words and expressions defined in the Act shall bear the same respective meanings in the Scheme, unless otherwise defined in the Scheme.
- 2.3 References to “Sections” are to the sections of this Scheme.
- 2.4 References to Annexes are to the annexes to this Scheme and references to Parts are to parts of the relevant Annex.



3. The Model

- 3.1. The integration model as set out in section 1(4)(a) of the Act applies in relation to the Edinburgh Area, namely the delegation of functions by each of the Parties to a body corporate (an “integration joint board”) established under section 9 of the Act.
- 3.2. This Scheme came into effect on the Relevant Date. The revised 2022 came into effect upon ministerial approval for the revised scheme which was granted on 15th of May 2023.

4. Local Governance Arrangements

4.1. Membership

- 4.1.1 The IJB shall have the following voting members
 - a. 5 councillors nominated by CEC
 - b. 5 members nominated by NHS Lothian in compliance with articles 3(4) and 3(5) of the Integration Joint Boards Order.
- 4.1.2 The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.
- 4.1.3 Non-voting members of the IJB will be appointed in accordance with regulation 3 of the Integration Joint Boards Order.
- 4.1.4 The term of office of members shall be as prescribed by regulation 7 of the Integration Joint Boards Order.

4.2 Chairperson and vice chairperson

- 4.2.1 The IJB shall have a chairperson and a vice-chairperson who will both be voting members of the IJB.
- 4.2.2 The term of office for the chairperson and the vice-chairperson will be 24 months, but in the event of a local government election being scheduled, CEC may request that NHS Lothian appoint a new chairperson three months in advance of that election (or the Parties shall agree an alternative arrangement).
- 4.2.3 The right to appoint the chairperson and vice-chairperson respectively shall alternate between each of the Parties, on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.
- 4.2.4 The chairperson shall not have a casting vote.
- 4.2.5 Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

4.3 Disqualification, Resignation, Removal, Voting and other matters

- 4.3.1 The provisions of articles 8 to 19 (but excluding article 14) of the Integration Joint Boards

Order shall apply in relation to the IJB.

5. Delegation of Functions

- 5.1. The functions that are delegated by NHS Lothian to the IJB (subject to the exceptions and restrictions specified or referred to in Parts 1A and 1B of Annex 1) are set out in Parts 1A and 1B of Annex 1. The services currently provided by NHS Lothian in carrying out these functions are described in Part 2 of Annex 1.
- 5.2. The functions that are delegated by CEC to the IJB (subject to the restrictions and limitations specified or referred to in Part 1 of Annex 2) are set out in Part 1 of Annex 2. For indicative purposes only, the services which are associated with these functions are described in Part 2 of Annex 2.

6. Local operational delivery arrangements

Directions

- 6.1.1 The IJB must direct the Parties to carry out each of the functions delegated to the IJB. A direction in relation to a given function may be given to one or other of the Parties, or to both Parties. The primary responsibility for delivering capacity (that is to say, activity and case mix) in respect of the services associated with the carrying out of a given function shall lie with the IJB and shall be reflected in the directions issued from time to time by the IJB. Subject to the provisions of the Act and the Scheme, the Parties are required to follow those directions.
- 6.1.2 Directions provide the mechanism for delivering the Strategic Plan, conveying the decisions of the IJB, clarifying responsibilities between the Parties and improving accountability. Directions should be well-articulated, achievable and measurable and should identify the financial resources allocated to them. They must contain sufficient information to enable the Parties to carry out their statutory functions.

Performance Management

- 6.1.3 The IJB shall oversee delivery of the services associated with the functions delegated to it by the Parties. The IJB is the only forum where health and social care functions for the Edinburgh Area are governed by members of both NHS Lothian and CEC. Accordingly, NHS Lothian and CEC agree that the primary focus for performance management in respect of delivery of the delegated functions will be the IJB.
- 6.1.4 NHS Lothian and CEC will provide relevant and appropriate performance information so that the IJB can develop a comprehensive performance management system.
- 6.1.5 The IJB performance management reports will be available to both NHS Lothian and CEC for use in their respective performance management systems. However, it is expected that the voting members of the IJB will take responsibility for performance management at the IJB and will provide an account of highlights and/or exceptional matters to meetings of NHS Lothian and CEC.
- 6.1.6 In the interests of efficient governance, the relevant committees of NHS Lothian and CEC will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and CEC functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The IJB will not duplicate the role



carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

- 6.1.7 The Act does not change the current regulatory framework within which health and social care professionals practise, or the established professional accountabilities that are currently in place within the NHS and local government. Professional standards and compliance with the law remain the statutory duties of both NHS Lothian and CEC. The IJB has built on the existing professional and service governance arrangements already in place within NHS Lothian and CEC and, to further support efficient governance, the IJB will be the predominant body providing scrutiny and assurance for the operations, performance, and planning of the delegated functions. If the IJB does not provide the scrutiny and assurance in a particular area, then NHS Lothian and CEC will provide this through their own governance structures and inform the IJB of the outcome. An effective framework for clinical and care governance will be supported by linking both IJB scrutiny and assurance to the strategic oversight, assurance and scrutiny of the carrying out of NHS Lothian and CEC functions through the relevant governance committees of NHS Lothian and CEC.
- 6.1.8 Each of the Parties shall use reasonable endeavours to ensure that if one of its committees identifies an issue which is of direct and material relevance to the IJB, the Parties will inform the Chair and the Chief Officer.
- 6.1.9 The voting members of the IJB are councillors of CEC and non-executive directors (or other board members) of NHS Lothian. In their capacity as councillors and non-executive directors, they will be engaged in the governance of their respective constituent bodies, and it is likely that they will be members of one or more committees of those constituent bodies.
- 6.1.10 Given the overall vision as outlined in the preamble to the Scheme, it is the intention that the interests of NHS Lothian, CEC, and the IJB should be aligned. In all matters associated with the work of the IJB, the voting members of the IJB will be expected to play a crucial role in:
- a) communicating, and having due regard to, the interests of NHS Lothian or (as the case may be) CEC, but on the understanding that, in carrying out their role as a member of the IJB, their primary duties and responsibilities are those which attach to them in that capacity;
 - b) communicating, and having due regard to, the interests of the IJB whilst discharging their role as a councillor or (as the case may be) as a non-executive director, but on the understanding that, in carrying out their role as a councillor or non-executive director, their primary duties and responsibilities are those which attach to them in that capacity.
- 6.1.11 Without prejudice to the role of the voting members of the IJB (as specified above) in relation to oversight of operational delivery of services in accordance with directions issued to either or both of the Parties by the IJB, the IJB will, through the Chief Officer, have an appropriate role in the operational delivery of services by the Parties in the carrying out of integration functions. The Parties acknowledge that the Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace:
- (a) the responsibilities of each Party regarding compliance with directions issued by the IJB; or



- (b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

6.1.12 In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, each of the Parties will use reasonable endeavours to provide the IJB with any information which the IJB may reasonably require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

Support for Strategic Planning

6.1.13 The Parties will provide the IJB with all information that it may reasonably require to prepare its Strategic Plan, including information that is pertinent specifically to localities.

6.1.14 The Parties will advise the IJB of any intention to change service provision where that change would have a significant impact on the Strategic Plan.

6.1.15 The Parties will support the IJB in ensuring that the consultation process associated with the preparation of each Strategic Plan for the Edinburgh Area includes other integration authorities likely to be affected by the Strategic Plan. The integration authorities that are most likely to be affected by the Strategic Plan for the Edinburgh Area are the Neighbouring IJBs

6.1.16 NHS Lothian will procure that reciprocal provisions to those set out in Sections 6.1, 6.2 and to 6.3 are contained in the integration schemes of the Neighbouring IJBs.

6.1.17 The Parties will provide appropriate support (through the measures specified in Section (e)) with a view to ensuring that the IJB can:

- (a) effectively engage in all of the planning processes and support the Neighbouring IJBs in discharging their role, including contributing to the work of the Strategic Planning Groups for the Neighbouring IJBs as required;
- (b) provide such information and analysis as Neighbouring IJBs reasonably require for the production of their Strategic Plans;
- (c) inform Neighbouring IJBs as to how the services, facilities and resources associated with the functions delegated to the IJB by the Parties are being or are intended to be used with respect to carrying out of those functions in line with these planning processes;
- (d) in a situation where Strategic Plans in one area are likely to have an impact on the plans in another area, ensure that these matters are raised with other relevant integration joint boards and resolved in an appropriate manner; and
- (e) in a situation where Strategic Plans in another area are likely to have an impact on the Edinburgh Area, ensure that these matters are raised and any associated risks are mitigated for the benefit of service users.

6.1.18 The measures referred to in Section 6.1.15 are as follows:

- (a) The chief officers for the Lothian IJBs sharing information and working collaboratively, taking reasonable steps to ensure that each of the Lothian IJBs is aware of emerging proposals intended to be described in any of the Strategic Plans which are under preparation by the Lothian IJBs;
- (b) Regular meetings among the chief officers for the Lothian IJBs and relevant managers of NHS Lothian to provide those chief officers with an opportunity to



communicate any proposed changes likely to be required by their integration joint boards which will impact on service provision for the population served by another integration joint board and to allow NHS Lothian managers to make the chief officers of the Lothian IJBs aware of any new developments which could have a bearing on Strategic Plans; and

- (c) Regular meetings between the Chief Officer of the IJB and relevant senior officers of CEC to provide the Chief Officer with an opportunity to communicate any proposed changes likely to be required by the IJB which may impact on service provision for other services delivered by CEC, and to allow CEC senior officers to make the Chief Officer aware of any developments which could have a bearing on the Strategic Plan.

6.2 Lothian Hospitals Strategic Plan and Lothian Strategic Development Framework

- 6.2.1 NHS Lothian have developed a plan (the “Lothian Hospitals Strategic Plan”) to support the IJBs to fulfil their duties. The Lothian Hospitals Strategic Plan does not and will not bind the IJB and the strategic plans of the Lothian IJBs have informed the Lothian Hospital Strategic Plan. The Lothian Hospitals Strategic Plan encompasses both functions delegated to the Lothian IJBs and functions that are not so delegated
- 6.2.2 The Lothian Hospitals Strategic Plan was developed in partnership with the Lothian IJBs where integration functions are delivered by NHS Lothian in a hospital. It reflects the relevant provisions of the Strategic Plans prepared by the respective Lothian IJBs, as well as NHS Lothian plans for non-delegated functions.
- 6.2.3 The purpose of the Lothian Hospital Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities are:
 - a) responsive to and support each Strategic Plan prepared by the Lothian IJBs for delegated functions; and
 - b) supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the Lothian IJBs (e.g. tertiary, trauma, surgical, planned and children’s services).
- 6.2.4 The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.
- 6.2.5 NHS Lothian is continuing to work to refresh its strategy via development of the Lothian Strategic Development Framework. This work will be taken forward in collaboration with the Lothian IJB, in particular in those workstreams that cut across organisational boundaries and where there are clear benefits in working together to achieve the Parties’ collective vision.

6.3 Professional, technical or administrative support services

- 6.3.1 Details of the full range of professional, technical and administrative support services provided to the IJB shall be recorded and updated on a regular basis to reflect any changes.



6.3.2 The support services log shall include (but not be limited to):

- a) a description of the current support services provided by CEC and NHS;
- b) identification of critical and high-risk support services including those required to ensure ongoing regulatory compliance and delivery of statutory obligations (for example, management of complaints and freedom of information requests);
- c) details of how existing support services are organised and delivered (for example structure and location of teams and their roles and responsibilities) and details of lead officers responsible for delivery;
- d) details of any established support service performance measures; and
- e) details of the costs associated with support services provided to the IJB.

6.3.3 Regular reviews shall be performed to determine whether the range and quality of support services provided are sufficient to meet IJB current and future support requirements.

6.3.4 The IJB shall request and establish written engagement protocols among the IJB, CEC and NHS Lothian, specifying how the support arrangements will be delivered and managed. The engagement protocols shall include (but not be limited to):

- a) responsibilities and accountabilities of all parties including any specific requirements such as responsibility for complying with applicable statutory obligations;
- b) regulatory requirements; and external scrutiny requirements and any service standards to be achieved;
- c) details of relevant performance / service standards (where applicable);
- d) ongoing monitoring, evaluation and review arrangements to ensure the level and quality of support adequate for the IJB needs;
- e) arrangements for considering, facilitating and agreeing requests for additional support from the IJB including any agreement on how these will be funded;
- f) the requirement for the Parties to undertake a business impact assessment when future or planned developments/transformation programmes or organisational change impact on the services provided to the IJB;
- g) issue escalation and dispute resolution arrangements including levels of authority, feedback mechanisms and details of external intervention (such as mediation) where required;
- h) requirement for the engagement protocol (and any subsequent revisions) to be approved and signed by an appropriately authorised representative of the IJB, CEC and the NHS; and
- i) inclusion, as an appendix, of the full schedule of services provided.

6.3.5 The Parties shall ensure that there are ongoing review and oversight arrangements to provide assurance that the level and quality of support services provided to the IJB remains adequate. These arrangements should include (but not be limited to):

- a) an annual review of the quality of the full population of support services provided to the IJB aligned with the IJB budget setting process to confirm that the range; quality and cost of support services provided remains appropriate;
- b) ongoing review of the quality of critical and high-risk support services at a frequency determined by the risk;
- c) development of performance reporting to provide assurance on the operation of all critical or high-risk support functions;



- d) determining the most appropriate senior management/governance forum for reviewing support services performance reports and approving any changes to established support arrangements; and
- e) establishing an appropriate escalation process to ensure that the IJB Is advised of any significant regulatory or legislative breaches or concerns in relation to support services that could directly impact the IJB.

6.4 Performance targets, improvement measures and reporting arrangements

- 6.4.1 All national and local Outcomes, improvement measures and performance targets which are connected exclusively with the functions delegated by the Parties to the IJB under the Scheme are the responsibility of the IJB to deliver; and the IJB is also responsible for providing all such information regarding integration functions which is required by either of the Parties to enable each of them to fulfil its obligations regarding reporting arrangements in respect of those functions.
- 6.4.2 Where particular national or local Outcomes, measures or targets (and associated reporting arrangements) relate to services which are associated with both integration functions and functions which are not delegated by a Party to the IJB, the responsibility for the Outcomes, measures or targets (and associated reporting arrangements) will be shared between the IJB and the Party or Parties which exercise those functions, and the IJB will be responsible for providing all such information regarding those integration functions as is required by the relevant Party to enable it to fulfil its obligations regarding reporting arrangements.
- 6.4.3 The performance framework will encompass a core set of indicators and measures identified by the Parties from publicly accountable and national indicators and targets which relate to services delivered in carrying out the functions of the IJB.
- 6.4.4 The Parties have obligations to meet targets for functions which are not delegated to the IJB, but which are affected by the performance and funding of integration functions. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details must be provided of any targets, measures and arrangements for the IJB to take into account when preparing the Strategic Plan. Where responsibility for performance measures and targets is shared, this will be set out clearly for agreement by the relevant Parties.
- 6.4.5 The continuous development of an effective performance framework for the IJB, taking account of relevant national guidance, will be supported by the parties and the IJB. The framework will be underpinned by the national health and wellbeing Outcomes, and national integration indicators, and will be developed to drive change and improve effectiveness.

7 Clinical and Care Governance

7.1 Introduction

- 7.1.1 This Section of the Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place. The Parties will expect the IJB to develop more integrated arrangements in the Edinburgh Area to complement the existing clinical and care governance arrangements and bring this together in an integrated and cohesive way with care governance.



- 7.1.2 The Parties have well established governance systems (including committees of NHS Lothian and committees of CEC), to provide governance oversight in terms of clinical and care governance, as well as assurance for professional accountabilities. Those existing systems will continue following the establishment of the IJB and their scope will be extended so as to support the IJB in fulfilling its integrated clinical and care governance responsibilities.
- 7.1.3 This Section describes the relationship between the Parties' clinical and care governance systems and the IJB. Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. The relationship between these clinical and care governance systems and (a) the Strategic Planning Group and (b) the delivery of services within localities, will be via the Chair and Chief Officer of the IJB, and further supported by the non-voting professional members of the IJB. The IJB will be responsible for ensuring that the Strategic Planning Group has sufficient information regarding clinical and care governance to effectively fulfil its remit; and each of the Parties undertakes to provide all such information as the IJB may reasonably require from time to time to support the IJB in discharging that responsibility.
- 7.1.4 The Parties shall ensure that clinical and care governance shall have a high profile, in order to ensure that quality of care is given the highest priority at every level within integrated health and social care services. Effective clinical and care governance will be designed in order to provide assurance to patients, service users, clinical and care staff and managers that:
- a) Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of health and social care services;
 - b) The planning and delivery of services take full account of the perspective of patients and service users; and
 - c) Unacceptable clinical and care practice will be detected and addressed.
- 7.1.5 Innovation, continuous learning and improvement and quality of service delivery (and its impact on Outcomes) will be addressed through the development of the IJB's performance management framework pursuant to Section 6 of the Scheme.
- 7.1.6 The arrangements for local operational oversight by the IJB as specified in Section 5 will also apply to clinical and care governance.
- 7.1.7 Within its existing governance framework, NHS Lothian has:
- (a) a healthcare governance committee, the remit of which is to provide assurance to the Board of NHS Lothian that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that NHS Lothian meets its responsibilities with respect to:
 - a. NHS Lothian participation standards;
 - b. Volunteers/Carers;
 - c. Information governance;
 - d. Protection of vulnerable people including children, adults, offenders;
 - e. Relevant statutory equalities duties; and
 - f.
 - (b) a staff governance committee, the remit of which is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of



staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The staff governance committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored.

- 7.1.8 The staff governance committee has the primary role on staff governance matters but can and does refer matters of relevance to the healthcare governance committee.
- 7.1.9 The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.
- 7.1.10 Within CEC, the Chief Social Work Officer has overall responsibility for the professional standards of CEC's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (the "SSSC"), and all social work professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by CEC and the voluntary and independent sectors.
- 7.1.11 Allied health professionals are required to register with their relevant professional body.
- 7.1.12 The Chief Social Work Officer reports annually to CEC on the operational performance and standards of the social work and social care service delivery areas, along with registration of this workforce and the external assessment of the Care Inspectorate on regulated care. The Chief Social Work Officer will provide a copy of this annual report to the IJB.
- 7.1.13 The Chief Social Work Officer also reports annually to CEC on standards achieved, governance arrangements and volume/quantity of statutory functions discharged. This report must comply with national guidance issued by the Scottish Government. The Chief Social Work officer will provide a copy of this annual report to the IJB.
- 7.1.14 For the avoidance of doubt, the rationale for using the relevant existing NHS Lothian and CEC committees (and associated arrangements) as a primary source of assurance for the IJB regarding clinical and care governance is that, following the establishment of the IJB, the Parties will have continuing governance responsibilities for both delegated and non-delegated functions and, against that background, the use of existing NHS Lothian and CEC committees avoids unnecessary bureaucracy. The IJB will be engaged through its membership of these committees and its relationship with the chairs of these committees. The IJB will be in a position to holistically consider the information and assurance received from the Parties in exercising its functions. If at any time the IJB is not satisfied with the information or assurance that it receives from the Parties, or with the effectiveness of the Parties' committees, it may address the issues of concern: (a) by requesting a Party to take appropriate steps to revise its clinical and care governance systems; or (b) by revising its own clinical and care governance systems.

7.2 Professional advice

There is a risk that a Strategic Plan and/or a direction issued by the IJB could have a negative impact on clinical and care governance and/or on professional accountabilities. This Section of the Scheme sets out the arrangements that will be put in place to avoid this.



- 7.2.1 NHS Lothian's Board has within its executive membership three clinical members (referred to below as "Executive Clinical Directors"): a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.
- 7.2.2 CEC has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at risk. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health, criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.
- 7.2.3 The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership, and he or she will remain the lead and accountable professional for his or her profession.
- 7.2.4 The Chief Social Work Officer shall be a non-voting member of the IJB.
- 7.2.5 The IJB may elect to appoint one or both of the Medical Director and Nurse Director as additional non-voting members of the IJB.
- 7.2.6 The Integration Joint Boards Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:
- (a) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Lothian in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
 - (b) a registered nurse who is employed by NHS Lothian or by a person or body with which NHS Lothian has entered into a general medical services contract; and
 - (c) a registered medical practitioner employed by NHS Lothian and not providing primary medical services.
- 7.2.7 NHS Lothian will consider the advice of the Executive Clinical Directors, and of any other relevant officer it deems fit, before making appointments to fill the membership positions referred to in Section 7.2.6. The appointees will be professionally accountable to the relevant Executive Clinical Director.
- 7.2.8 NHS Lothian will develop a role description for the appointments referred to in Section 7.2.6, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.
- 7.2.9 The three health professional representatives referred to in Section 7.2.6 will each also be:
- (a) a member of an integrated professional group (should it be established), and/or
 - (b) a member of an NHS Lothian Board committee, and/or
 - (c) a member of a consultative committee established by NHS Lothian.
- 7.2.10 If a new 'integrated professional group' is established, then the Chief Social Work Officer must also be a member.



- 7.2.11 The three health professional representatives set out in Section 7.2.6 and the Chief Social Work Officer will be expected by the Parties to play a lead role in:
- (a) communicating and having regard to their duties to NHS Lothian or CEC as the case may be whilst discharging their role as a member of the IJB;
 - (b) communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) CEC.
- 7.2.12 The members will be expected to communicate regularly with the Executive Clinical Directors, and CEC's Chief Executive as and when appropriate.
- 7.2.13 The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.
- 7.2.14 The Chief Social Work Officer reports annually to CEC and this includes observations about the performance of the IJB, areas of strength and areas for improvement.
- 7.2.15 NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.
- 7.2.16 The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer may also raise any issues directly at the IJB and in writing.
- 7.2.17 The engagement of professionals throughout the process to develop and consult on the Strategic Plan is intended to ensure that the IJB has all the required information to prepare a Strategic Plan which will not compromise professional standards.
- 7.2.18 In the unlikely event that the IJB issues a direction to NHS Lothian which is reasonably likely to compromise professional standards, then in the first instance the relevant Executive Clinical Director will write to the IJB.
- 7.2.19 If the issue is not resolved to their satisfaction, they must inform the Board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:
- (a) the relevant Executive Clinical Director must ensure that appropriate advice is tendered to the Board of NHS Lothian on all matters relating to professional standards;
 - (b) the relevant Executive Clinical Director must set out in writing to the Board of NHS Lothian any objections they may have on a proposal that may compromise compliance with professional standards;
 - (c) the Board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the Board of NHS Lothian on those objections;
 - (d) if the Board of NHS Lothian decides to proceed with a proposal despite those objections, then the relevant Executive Clinical Director must obtain written authority from the Board of NHS Lothian to act on the proposal. The Board of NHS Lothian must inform the Scottish Government Health & Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate



- regulatory body, e.g. General Medical Council; and
- (e) once the relevant Executive Clinical Director has received that written authority, then they must comply with it.
- 7.2.20 Regardless of whether written authority has been given, the Executive Clinical Directors, in their capacity as members of the Board of NHS Lothian, should always vote against a proposal that they cannot endorse as accountable officers. It is not competent to abstain from a decision.
- 7.2.21 The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.
- 7.2.22 If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business which may compromise professional standards, they must immediately notify the Chief Officer of the IJB of their concerns, and if their concerns are not resolved by the Chief Officer to their satisfaction, must then raise the matter with the Chief Executive of NHS Lothian.
- 7.2.23 The Chief Social Work Officer will be a non-voting member of the IJB, and as such, will contribute to discussions and will provide relevant professional advice to influence service development.
- 7.2.24 In the event that the IJB issues an instruction to a Party which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Chief Officer of the IJB of their concerns, and if their concerns are not resolved by the Chief Officer to their satisfaction, must then raise the matter with the Chief Executive of CEC.

7.3 Professionals Informing the IJB Strategic Plan

- 7.3.1 The IJB is required by the Act to formally consult both Parties on its Strategic Plan and take into account their views before it finalises the Strategic Plan. The Parties will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:
- (a) NHS Lothian Medical Director;
 - (b) NHS Lothian Nurse Director;
 - (c) NHS Lothian Director of Public Health & Health Policy;
 - (d) NHS Lothian Allied Health Professions Director;
 - (e) Chief Social Work Officer; and
 - (f) Head of Place Development of CEC.
- 7.3.2 The engagement of CEC professionals will not be limited to social work staff, but will extend to related professionals, such as, but not exclusively, occupational therapists, home care, housing and social care staff.
- 7.3.3 The approach to locality planning and delivery including the arrangements for clinical and social care governance will be developed through the strategic planning process in a collaborative manner and determined by the IJB.

7.4 External scrutiny of clinical and care functions



- 7.4.1 NHS Lothian seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland.
- 7.4.2 The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and its reports feed into CEC's system of governance.
- 7.4.3 The IJB will consequently be informed of any relevant issues from external scrutiny, as a consequence of drawing from the systems already established by the Parties.

7.5 Service User and Carer Feedback

- 7.5.1 The Parties have a range of systems already in place to capture and respond to service users' experience, and these will continue to be used as the Parties implement the directions of the IJB.
- 7.5.2 As part of the wider strategic planning process (particularly the joint strategic needs assessment process) and the performance management framework, existing work streams on: (a) standards and quality improvement; and (b) service user feedback will be used to inform how the IJB can address the integration delivery principles and deliver on the Outcomes.

8 Chief Officer

- 8.1 In accordance with section 10 of the Act, the Chief Officer will be appointed by the IJB; they will be employed by one of the Parties and will be seconded to the IJB.
- 8.2 The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the IJB and will be a member of the senior management teams of both Parties. The Chief Officer will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the Parties by the IJB and for monitoring compliance by the Parties with directions issued by the IJB. The Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved.
- 8.3 The Chief Officer will be jointly managed by both Parties in respect of operational delivery and will report directly to the Chief Executive of NHS Lothian and the Chief Executive of CEC. There will be a joint process for regular performance reviews, support and supervision with both Chief Executives.
- 8.4 Annual objectives for the Chief Officer will be agreed and the process will involve the chairperson of the IJB agreeing objectives with the Chief Officer relevant to their role with the IJB as well as the Chief Executives of CEC and NHS Lothian. The Chief Officer's performance against those annual objectives will be monitored through an agreed performance management framework established by the Party which is their employer.
- 8.5 If an interim replacement for the Chief Officer of the IJB is required (on the grounds that the Chief Officer is absent or otherwise unable to carry out their functions), the Chief Executives of CEC and NHS Lothian will initiate a joint selection process, identifying a list of potential



replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the IJB on an interim basis.

8.6 The Chief Officer will have operational responsibility for all of the functions delegated to the IJB, subject to the following exceptions:

8.6.1 services associated with delegated functions which are delivered at the Western General Hospital, the Royal Infirmary of Edinburgh, St John's Hospital and the Royal Edinburgh Hospital will (subject to the directions issued from time to time by the IJB) be operationally managed by NHS Lothian; and

8.6.2 each of the specific services associated with functions delegated by NHS Lothian which is proposed to be managed on a pan-Lothian basis as a 'hosted service' will be operationally managed by one of the chief officers of the Lothian IJBs, as proposed by NHS Lothian, in their role as a member of the NHS Lothian senior management team, subject to the directions issued from time to time by the IJB.

8.7 A group consisting of senior managers of NHS Lothian responsible for hospital functions delegated to the IJB and the chief officers of the four Lothian IJBs will be established, to ensure close working arrangements between:

8.7.1 chief officers of the four Lothian IJBs, and senior managers of NHS Lothian responsible for hospital services; and

8.7.2 the chief officer of a Lothian IJB responsible for the management of any hosted services on behalf of the other three Lothian IJBs, and the other Lothian IJB chief officers.

9 Workforce

9.1 A human resources and organisational development working group established by the Parties has prepared a work plan for integrating the health and social care workforce in Edinburgh. This group includes NHS Lothian partnership representatives and trade union representatives from CEC. The work plan guiding the work of the group includes a number of work streams, two of which focus on the implementation of an integrated senior management model and an organisational development plan respectively.

9.2 The organisational development plan, agreed between the Parties, is currently being implemented. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership development and the training needs for those staff members who will be responsible for managing integrated teams. In particular, it includes procurement of team and leadership development programmes.

9.3 Staff engaged in the delivery of delegated services shall remain employed by their existing organisation.

10 Finance

This section describes the arrangements in relation to financial management and monitoring of integrated resources. It sets out the method for determining the resources to be made available by CEC and NHS Lothian to the IJB. It also explains the financial governance and management arrangements, including budget variances, and the financial reporting arrangements among the IJB, CEC and NHS Lothian.



10.1 Finance Officer

- 10.1.1 In relation to the preparation of its accounts and their audit, the IJB is governed by the same legislation applying to local authorities and is required to make arrangements for the proper administration of its financial affairs through a Finance Officer with this responsibility.
- 10.1.2 The Finance Officer will be employed by CEC or NHS Lothian and seconded to the IJB. The holder of the post should be a member of a relevant professional accounting body, and the IJB should have regard to the current CIPFA Guidance on the role.
- 10.1.3 In the event that the Finance Officer position is vacant or the holder is unable to act, the Chief Officer shall secure, in consultation with the IJB Chair, and through agreement with both the CEC Section 95 Officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

10.2 Financial Management of the IJB

- 10.2.1 The IJB is responsible for determining its own internal financial governance arrangements and the Finance Officer will be responsive to the decisions of the IJB, and the principles of financial governance set out in this Scheme.

10.3 Principles of Financial Governance

- 10.3.1 The following principles of financial governance shall apply:
- i. NHS Lothian and CEC will work together in a spirit of openness and transparency; and
 - ii. NHS Lothian and CEC will work in partnership with the IJB with the objective of agreeing sufficient funding of delegated functions in line with the financial elements of the Strategic Plan.

10.4 Financial Governance

- 10.4.1 The Parties will contribute to the establishment of an IJB budget. The Chief Officer will manage the IJB budget.
- 10.4.2 The Parties are required to implement the Directions of the IJB in carrying out the delegated functions in line with the Strategic Plan, provided that the IJB delegates the required level of resources to meet the anticipated cost of the delegated functions.
- 10.4.3 The Parties will apply their established systems of financial governance to the payments they receive from the IJB. The NHS Lothian Accountable Officer and the CEC Section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.
- 10.4.4 The Chief Officer in their operational role is responsible for the financial management of any Operational Budgets (as defined in Section 10 of this Scheme) that may be delegated to them by the Parties and is accountable for this to the NHS Lothian Chief Executive and CEC Section 95 Officer.
- 10.4.5 The IJB will develop and maintain its own financial regulations. The Finance Officer will



periodically review these financial regulations and present any proposed changes to the IJB for its approval.

- 10.4.6 CEC will host the IJB financial accounts and will be responsible for recording the IJB's financial transactions through its existing financial systems. The IJB can hold reserves. It is a matter for the IJB to determine what its reserves strategy will be.
- 10.4.7 The IJB's Finance Officer is responsible for preparing the IJB's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.
- 10.4.8 As part of the financial year end procedures and in order to develop the year-end financial statements, the Finance Officer will work together with NHS Lothian and CEC to coordinate an exercise agreeing the value of balances and transactions with CEC and NHS Finance teams. Each Party will provide information to this process on their recorded income, expenditure, receivable and payable balance with the IJB. The IJB's Finance Officer will lead on resolving any differences.
- 10.4.9 The Finance Officer will also be responsible for preparing a medium-term financial plan to be incorporated into the IJB's Strategic Plan. The Finance Officer will liaise closely with NHS Lothian and CEC to develop integrated medium-term financial planning and associated financial recovery plans taking account of assumptions around available funding and future service demands and service delivery models
- 10.4.10 The Finance Officer will also be responsible for preparing the annual financial statement that the IJB must publish under section 39 of the Act, which sets out what the IJB intends to spend in implementation of its Strategic Plan.
- 10.4.11 The Finance Officer will be responsible for producing finance reports to the IJB, ensuring that those reports are appropriate for the needs of the IJB.
- 10.4.12 The Finance Officer will liaise closely with the CEC Section 95 Officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of their role.

10.5 Resources Delegated to the IJB

- 10.5.1 The resources delegated to the IJB fall into two categories: (i) payments for the delegated functions; and (ii) resources used in large hospitals that are set aside by NHS Lothian and made available to the IJB for inclusion in its Strategic Plan.
- 10.5.2 Section 1(3)(e) of the Act requires that the Scheme must set out a method of determining payments that are to be made in respect of 10.5.1(i) above. Section 1(3)(d) of the Act requires the Scheme to set out a method of determining the amounts to be made available by NHS Lothian for use by the IJB under Section 10.5.1(ii) above.
- 10.5.3 It is expected that the net difference between payments into and out of the IJB will result in a balancing payment between CEC and NHS Lothian which reflects the effect of the directions of the IJB. The balancing payment will be reviewed throughout the year and depending on the expected value for the adjusting payment, it will be either made one-off prior to year-end or on a quarterly basis. Such payments will incorporate values previously treated as resource transfer.



10.6 Annual Budget Payments to the IJB

- 10.6.1 CEC and NHS Lothian will identify a core baseline Operational Budget for each function that is delegated to the IJB. This will be used as the basis to calculate their respective payments into the IJB's budget each year. The previously agreed "resource transfer" payments from NHS Lothian will be part of the annual budget payment to the IJB.
- 10.6.2 CEC and NHS Lothian have established financial planning processes which take into account the financial settlements they have received, and identified and assumed expenditure pressures, to arrive at opening annual budgets. These same processes will be applied to the core baseline Operational Budgets for the delegated functions in order to arrive at the annual payments to the IJB.
- 10.6.3 The CEC Section 95 Officer and the NHS Lothian Director of Finance are responsible for preparing the budget contributions from their respective party. The amounts to be paid will be the outcome of the above processes. They will consult with the Chief Officer and officers in both Parties as part of this process.
- 10.6.4 The CEC Section 95 Officer and the NHS Lothian Director of Finance will each prepare a schedule outlining the detail and total value of the proposed payment from each Party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The schedules will also contain the detail and total value of set aside resources for hospital services, made under section 1(3) (d) of the Act.
- 10.6.5 The CEC Section 95 Officer and the NHS Lothian Director of Finance will refer the draft schedules to the Chief Officer so that they may have an opportunity to formally consider them.
- 10.6.6 The CEC Section 95 Officer and the NHS Lothian Director of Finance will thereafter present the final draft schedules to the Parties. The schedules must be agreed by the Director of Finance of NHS Lothian, the CEC Section 95 Officer and the Chief Officer.
- 10.6.7 CEC and NHS Lothian must approve their respective payments, in line with their governing policies.
- 10.6.8 The CEC Section 95 Officer and NHS Lothian Director of Finance will liaise closely with the IJB Chief Officer and Finance Officer on the assumptions to be used on annual budget contributions and will have due regard to the impact of any service re-design activities that have been a direct consequence of the IJB's Strategic Plan or Directions issued.
- 10.6.9 Both CEC and NHS Lothian will provide indicative three-year budget allocations to the IJB, subject to annual approval through their respective budget setting processes.
- 10.6.10 The Parties will ensure the Chief Officer and Finance Officer are actively engaged in their financial planning processes. The Chief Officer will be expected to feed into the planning processes with any intelligence that is relevant, e.g. the aims of the Strategic Plan, the effect of previous directions on activity and expenditure, projected demand-led changes in activity and expenditure. The Director of Finance of NHS Lothian, the CEC Section 95 Officer and the IJB Finance Officer will ensure a consistency of approach and consistent application of processes in considering budget assumptions and proposals.



10.7 The set-aside of resources for use by the IJB

10.7.1 In addition to the payments to the IJB, NHS Lothian will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant NHS Lothian Board budgets for the delegated hospital services (excluding overheads).

10.7.2 The core baseline budget for the set-aside functions in each council area will be based on an appropriate methodology and agreed in partnership by NHS Lothian and the IJB.

10.8 Hosted Services

10.8.1 NHS Lothian carries out functions across four local authority areas. Some of the functions delegated to all four IJBs in the NHS Lothian boundary are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. The core baseline budget for the hosted services in each council area will be based on an appropriate methodology and agreed in partnership by NHS Lothian and the IJB.

10.9 Due Diligence

10.9.1 Where it is proposed to transfer additional functions to the IJB, the Parties will share information on the financial performance over the previous two financial years of such functions. This will allow the Parties to undertake appropriate reviews to gain assurance as to whether the services are currently being delivered sustainably within approved resources, and that the anticipated payments will be sufficient for the IJB to carry out its integration functions.

10.9.2 If any such review indicates that the projected expenditure is likely to exceed the payments to the IJB, then the relevant Party will be notified. The relevant Party will be required to take action to ensure that services can be delivered within the available Operational Budget.

10.9.3 The Parties recognise that of the functions which are delegated to the IJB, there are some where there is greater potential for the actual expenditure to vary significantly from projections. The Parties will identify what those functions are and will ensure that information is provided to the IJB so that it is aware of the issues, and is able to focus on those functions within their systems for risk management and financial reporting. This process of due diligence will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the IJB will routinely receive.

10.10 Process to agree payments from the IJB to the Parties

10.10.1 The IJB will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions delegated to the IJB. The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, having agreed with the IJB the resources required to deliver the said directions.

10.10.2 The Finance Officer is responsible for providing the IJB with appropriate information and advice, so that it may determine what those payments should be.



10.10.3 Directions from the IJB to the Parties will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- (a) the delegated function(s) that are to be carried out;
- (b) the Outcomes to be delivered for those delegated functions; and
- (c) the amount of and / or method of determining the payment to be made, in respect of the carrying out of the delegated functions.

10.10.4 Once issued, directions can be amended by a subsequent direction by the IJB.

10.10.5 Where amounts paid to the IJB are subject to separate legislation or subject to restrictions stipulated by third party funders, the IJB must reflect these amounts in full, in determining the level of the payments to be made to the Parties in respect of the carrying out of the relevant function or functions. However, the IJB is not precluded from increasing the resource allocated to the relevant services.

10.11 Financial Reporting to the IJB

10.11.1 Budgetary control and monitoring reports will be provided to the IJB as and when it requires. The reports will set out the financial position and forecast against the payments by the IJB to the Parties in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure compared to budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

10.11.2 NHS Lothian will provide information on the set-aside budgets which will be contained in financial reports to the IJB.

10.11.3 Both Parties will provide the required information on budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Finance Officer to provide reports to the IJB on all the IJB's delegated functions.

10.11.4 It is expected that as a minimum there will be quarterly financial reports to the Chief Officer and the IJB.

10.12 Process for addressing variance in the spending of the IJB

10.12.1 The IJB is required to deliver its financial out-turn within available resources.

10.12.2 The Parties will ensure that their respective budget monitoring and management systems will be applied to monitor and manage their expenditure in relation to delivery of integrated functions in accordance with directions issued to them by the IJB.

10.12.3 The manager leading this remedial action will be the Chief Officer in his or her operational capacity within the affected Party.

10.12.4 In the event that such remedial action will not prevent the overspend, then the Finance Officer will, together with the relevant Party, develop a proposed recovery plan to address the forecast overspend. The Finance Officer will then present that recovery plan to the IJB as soon as practically possible. The IJB has to be satisfied with the recovery plan, and the plan is



subject to its approval.

10.13 **Additional Payments by the Parties to the IJB**

10.13.1 Where such a recovery plan is projected to be unsuccessful and an overspend occurs at the financial year end, and where there are insufficient available reserves held by the IJB to meet the overspend, then the Parties may make additional payments to the IJB.

10.13.2 The Finance Officer and the Parties shall engage in discussion and negotiation about the amounts to be paid by each Party.

10.13.3 The Parties recognise that the delivery of delegated functions in accordance with the Strategic Plan depends on their co-operation between each other and with the IJB and that all three parties must approach such discussions in good faith, recognising the pressures and constraints on their respective budgets and services. NHS Lothian and CEC will consider making interim funding available on a basis to be agreed between the Parties, with repayment in future years on the basis of the revised recovery plan by the IJB. If the revised plan cannot be agreed by NHS Lothian and CEC or is not approved by the IJB, the dispute resolution arrangements provided for in the Scheme will apply

10.13.4 Recurring overspends will be considered as part of the following year's budget process. If a solution to the overspend cannot be agreed by the Parties, or is not agreed by the IJB, then the dispute resolution mechanism in this Scheme may require to be implemented.

10.14 **Underspends**

10.14.1 As part of their normal financial management systems, the Parties conduct in-year reviews of financial performance, and occasionally this may lead to a forecast of an underspend at the year-end on one or more budgets. In the event that this happens within the Operational Budgets then the following shall apply:

- (a) if the underspend is fortuitous and unrelated to any IJB direction then the underspend should be returned to the affected Party (through an adjustment to the payments to the IJB); and
- (b) the IJB will retain all other underspends.

10.15 **Treatment of variations against the amounts set aside for use by the IJB**

A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the integrated payment as laid out above.

10.16 **Redetermination of payments to the IJB**

10.16.1 Redeterminations of payments made by the Parties for the carrying out of integration functions would apply under the following circumstances:

- (a) Additional one-off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the IJB; or
- (b) The Parties, along with the IJB, agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels.



10.16.2 In all cases full justification for the proposed change would be required and both Parties and the IJB would be required to agree to the redetermination. The Parties would apply the process used to calculate the payment to the IJB (described earlier) to the affected functions and the Strategic Plan would be required to be amended as necessary.

10.17 Redetermination of set aside payments to the IJB

10.17.1 This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Operational Budgets as specified above.

10.18 Use of Capital Assets

10.18.1 The IJB, NHS Lothian and CEC will ensure there is awareness of all capital assets which will be used in the delivery of the Strategic Plan.

10.18.2 Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the IJB to the Parties. The Strategic Plan process will outline any implications or requirements for capital assets.

10.18.3 The Parties will ensure that their capital asset planning arrangements take due cognisance of the above implications and requirements.

10.18.4 The Chief Officer of the IJB will consult with the Parties to identify the specific need for improvements/changes to assets owned by each which may be required in connection with the carrying out of integration functions. Where a capital investment need is identified, a business case will require to be developed. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals.

10.18.5 The IJB, CEC and NHS Lothian will work together to ensure assets required in connection with the carrying out of integration functions are used as effectively as possible and in compliance with the relevant legislation relating to use of public assets.

10.19 Audit and Financial Statements

10.19.1 Section 13 of the Act requires that the IJB is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (section 12 of the Local Government in Scotland Act 2003, the Local Authority Accounts (Scotland) Regulations 2014 and other regulations under section 105 of the Local Government (Scotland) Act 1973)). These will be proportionate to the limited number of transactions of the IJB whilst complying with the requirement for transparency and true and fair reporting in the public sector.

10.19.2 The Parties will agree a clear timetable for the preparation of the IJB's annual accounts which will incorporate a process to agree any balances between the IJB and the Parties.

10.19.3 As part of the financial year-end procedures and in order to develop the year-end financial statements, the Finance Officer of the IJB will annually co-ordinate an exercise agreeing the value of balances and transactions with CEC and NHS Lothian finance teams. Each of the Parties will submit to the Chief Financial Officer their recorded income, expenditure, receivable and payable balance with the IJB. The Parties' respective finance representatives



will then work to resolve any differences arising.

10.19.4 The IJB financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).

10.19.5 The Accounts Commission will appoint the external auditors to the IJB.

10.19.6 The financial statements will be signed in line with the governance arrangements for the IJB and as specified in the Local Authority Accounts (Scotland) Regulations 2014, made under section 105 of the Local Government (Scotland) Act 1973.

10.19.7 In all forms of audit, the Parties are expected to comply with related requests and to aid the audit process.

11 Information-Sharing and Data Handling

11.1 Arrangements for the sharing and joint processing of information among CEC, NHS Lothian, and the IJB are set out in a Memorandum of Understanding (the “MOU”) which is designed to promote and support appropriate information governance for the integration of health and social care services. The MOU is subject to periodic review by information governance professionals from within each Party, and the wider Lothian IJBs.

11.2 The MOU sets out the framework through which each of the Lothian IJBs and the functions respectively delegated to them can share and process personal data. In particular, it details the more granular purposes, requirements, procedures and agreements which are required to ensure compliance with data protection law, including respective lines of responsibility.

11.3 The MOU is underpinned by an existing and long-standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, CEC, East Lothian Council, Midlothian Council and West Lothian Council and the chief officers of the Lothian IJBs are all signatories. This Information Sharing Protocol sets out general principles around the sharing of personal information and is subject to periodic review by a sub-group of the Pan Lothian Data Sharing Partnership. Revisions or updates will be recommended for signature by the Chief Executives of respective organisations on behalf of the Pan-Lothian Data Sharing Partnership.

11.4 Under these arrangements, CEC and NHS Lothian will continue to be Data Controller for their respective records (regardless of format) and will set out arrangements for the processing and management of information in accordance with the MOU. In respect of delegated functions delivered by the EHSCP, the MOU recognises the need for joint processing and sets out practical arrangements to achieve that through the EHSCP.

11.5 Processing and management arrangements will also reflect wider information governance considerations – for example, in relation to statutory and operational requirements around records management, information security and information compliance.

11.6 Arrangements for third party access to information will be managed in accordance with the MOU and the principles set out in the Pan-Lothian and Borders General Information Sharing Protocol.

11.7 Agreements and procedures will be reviewed annually by relevant Data Protection Officer (or their representatives), or more frequently if required.



12 Complaints

- 12.1 People who use services provided in pursuance of integration functions will continue to make complaints either to CEC or to NHS Lothian. Both Parties have in place well publicised, clearly explained and accessible complaints procedures that allow for timely recourse and signpost independent advocacy services, where relevant.
- 12.2 Complaints about the delivery of an integration function may be made to, and dealt with by, the Party which is required to deliver that function in pursuance of a direction issued by the IJB or (in a case where the direction is issued in respect of a given function to both constituent authorities jointly) to either of those constituent authorities.
- 12.3 When responding to complaints about a service which is delivered jointly, officers responsible for complaints handling within CEC and NHS Lothian will discuss the complaint, and identify which elements that are the subject of the complaint will be investigated by each Party, and agree which Party will prepare the written response at the end of the investigation. Failing agreement, the Chief Officer acting reasonably will decide which of the constituent authorities should prepare the written response and this will be signed by the Chief Officer.
- 12.4 On completion of the complaints procedure, complaints about specific social work functions may be referred the Scottish Public Services Ombudsman. At the end of the complaints process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman. Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate.
- 12.5 The Chief Officer will have an overview of complaints made about integration services and subsequent responses. Complaints about integration services will be recorded and reported to the Chief Officer on a regular and agreed basis. Regular trend analysis of complaints and complaint outcomes will also be carried out as part of a wider quality assurance framework.
- 12.6 Responsibility for responding to Scottish Public Services Ombudsman complaints enquiries will lie with the Party that dealt with the original complaint.
- 12.7 All independent contractors involved in the delivery of services associated with an integration function will be required to have a complaints procedure. Where complaints are received about the service provided by an independent contractor, the relevant Party will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received about independent contractors will be recorded for contract monitoring purposes.
- 12.8 Complaints about the IJB should be made to the chairperson of the IJB. Staff within CEC and NHS Lothian will support the Chief Officer with the investigation and written response to the complainant, which will be signed by the Chief Officer.
- 12.9 The Parties will work together to align their complaints processes in as far as reasonably practicable to adopt an integrated approach to complaints handling, so that the process of making a complaint is as simple as possible for service users and complaints about services associated with integration functions are responded to clearly, thoroughly and timeously.

13 Claims Handling, Liability & Indemnity



- 13.1 The liability of either or both Parties and/or the IJB in respect of any claim that may be made by a third party in relation to any matter connected with the carrying out of integration functions shall be determined in accordance with principles of common law and/or any applicable legislation.
- 13.2 Where a claim by a third party is received by either of the Parties or the IJB in relation to any matter connected with the carrying out of integration functions (the body receiving such a claim being referred to as the “Claim Recipient”), the Claim Recipient, shall, as soon as reasonably practicable, notify the other Party and the IJB (or, in the case of a claim received by the IJB, both Parties); and the Parties and the IJB (each being bound to act reasonably in this respect) shall then jointly assess:
- 13.2.1 which of them could be held to be liable (whether wholly or partly) in relation to the claim were it to be upheld by the court; and
 - 13.2.2 (where two or more of them could potentially be liable) which of them is more likely to carry the primary liability.
- 13.3 For the avoidance of doubt, in the circumstances referred to in Section 13.2:
- 13.3.1 the Claim Recipient may acknowledge receipt of the claim, but shall avoid taking any step (without the prior written consent of the other Party and the IJB; or, in the case of a claim received by the IJB, the prior written consent of both Parties) which could prejudice the defence of the claim, pending completion of the assessment referred to in that Section; and
 - 13.3.2 the Claim Recipient shall provide such information available to it as may be required to facilitate any formal intimation or other steps which either Party or the IJB may require to take under the terms of any relevant insurance policy or (as the case may be) the Clinical Negligence and Other Risks Indemnity Scheme (the “CNORIS scheme”).
- 13.4 Where, on the basis of the assessment carried out in pursuance of Section 13.2, it is considered that only the Claim Recipient could be held to be liable in relation to the claim should it be upheld by the court, the Claim Recipient may conduct the defence of the claim and any associated negotiations as it sees fit, but shall continue to keep the others informed in that regard.
- 13.5 Where, on the basis of the assessment carried out in pursuance of Section 13.2, it is considered that the other Party and/or the IJB (or, in the case of a claim received by the IJB, both Parties) could be held to be liable in relation to the claim should it be upheld by the court, the Claim Recipient shall, following that assessment:
- 13.5.1 provide the other body or bodies which (on the basis of that assessment) could be liable in respect of the claim, with all such information in relation to the claim as is available to the Claim Recipient;
 - 13.5.2 allow that other body or bodies (and/or its or their insurers or, as the case may be, the relevant officers acting under the CNORIS scheme) to conduct the defence of the claim and any associated negotiations, subject to that other body or bodies indemnifying the Claim Recipient in relation to any loss or liability (including legal expenses on a solicitor-client basis, and any award of expenses) which the Claim Recipient might thereby incur; and
 - 13.5.3 avoid taking any step which could prejudice the defence of the claim without the prior written consent of that other body or bodies.
- 13.6 Where, on the basis of the assessment carried out in pursuance of Section 13.2, it is considered that the Claim Recipient could be held to be liable along with another Party and/or the IJB (or, where the Claim Recipient is the IJB, along with either or both Parties) in relation to the relevant claim were it to be upheld by the court:
- 13.6.1 the Claim Recipient and the other body or bodies (and/or their respective insurers or, as the case may be, the relevant officers acting under the CNORIS scheme) shall conduct the



defence of the claim and any associated negotiations; and

- 13.6.2 the costs of defending the claim (and any associated negotiations) shall be shared between the bodies (including the Claim Recipient) who (on the basis of the assessment carried out in pursuance of Section 13.2) could be held to be liable in respect of the claim, and the indemnity by the other body or bodies referred to in Section 13.5.2 shall be qualified accordingly.
- 13.7 Where two or more bodies are to conduct the defence of any claim (and any associated negotiations) under Section 13.5.2 or 13.6.1, the body which is considered (on the basis of the assessment carried out in pursuance of Section 13.2) to be more likely to carry the primary liability shall have overall control of the conduct of the defence (and any associated negotiations), subject to liaising closely with the other relevant body or bodies and taking due account of the requirements of its or their insurers (and/or, as the case may be, any requirements associated with the CNORIS scheme).
- 13.8 If both Parties, or if either or both Parties and the IJB, receive a claim relating to the same matter, the procedures set out in Sections 13.1 to 13.7 shall (subject to Section 13.9) apply, subject to such adjustments (as agreed among the relevant bodies) as may be appropriate to facilitate the efficient handling of the claims.
- 13.9 If both Parties, or if either or both Parties and the IJB, are parties to the same court proceedings arising out of a claim, each of them (and/or its or their insurers or, as the case may be, the relevant officers acting under the CNORIS scheme) may conduct its own defence of the claim against it (and any associated negotiations) in such manner as it may see fit and at its own expense; and the liability of each body in respect of the claim shall be as determined by the court (or, if the claim is settled outwith the court proceedings) as agreed by each body in the context of the negotiations regarding settlement of the claim.
- 13.10 If a claim by a third party in relation to any matter connected with the carrying out of integration functions relates to services delivered in an area served by a Neighbouring IJB, or relates to services delivered within the Edinburgh Area under arrangements involving a Neighbouring IJB, each of the Parties, and the IJB, will liaise with each other and with the Neighbouring IJB in order to reach agreement as to how the claim is to be handled; the IJB and Neighbouring IJBs shall jointly develop and agree a protocol for the handling of claims of that nature.
- 13.11 The Parties and the IJB shall use all reasonable endeavours to operate the procedures set out in Sections 13.1 to 13.10 as rapidly as possible, and in a manner which complies with the requirements from time to time of relevant insurers and/or (as applicable) the CNORIS scheme; each of them undertakes to the others:
- 13.11.1 to provide all such information and render all such co-operation as may be reasonably required from time to time in connection with any such claim; and
- 13.11.2 if and to the extent that any matter which cannot be agreed between them requires to be dealt with under the dispute resolution procedure set out in Section 16, to operate the dispute resolution procedure as rapidly as possible so as to minimise any prejudice to (a) the efficient defence of the claim and/or (b) the ability of any body to access the benefit of any insurance policy or (as the case may be) the CNORIS scheme.
- 13.12 Where payment is made by either Party or by the IJB in settlement of a claim by a third party in relation to any matter connected with the carrying out of integration functions, the body which made payment (if that body is not wholly liable, on the basis of principles of common law and/or any applicable legislation, in respect of the matter which gave rise to the claim) shall be entitled to



be indemnified by the other Party and/or the IJB (or, in a case where payment was made by the IJB, by either or both Parties) to the extent of its or their liability (as determined in accordance with principles of common law and/or any applicable legislation) in respect of the matter which gave rise to the claim; but due account shall be taken of any prejudice to the indemnifying body or bodies (including its/their ability to access the benefit of any insurance policy or, as the case may be, the CNORIS scheme) arising from any failure to comply with the other provisions of this Section 13.

13.13 For the avoidance of doubt, the principles set out in Section 13.12 shall also apply in respect of the expenses of defending any claim by a third party in relation to any matter connected with the carrying out of integration functions, and in respect of any award of expenses in connection with any such claim.

13.14 The arrangements set out in this Section 13 shall be subject to periodic review and adjustment, in order to reflect the requirements from time to time of insurers and the CNORIS scheme and to ensure efficiency in the handling of claims; any revised arrangements shall be recorded in a written agreement entered by the Parties and the IJB.

14 Risk Management

14.1 Risk management processes will include risk monitoring, and a reporting process for the Parties and IJB via a Risk Register for the IJB. Risks will be continuously monitored and reported to the IJB.

14.2 The Parties will provide to the IJB sufficient support to enable it to fully discharge its duties in relation to risk management. This will be determined through the process described in Section 6.3.

14.3 The IJB risk register will not duplicate the detail of risk registers within NHS Lothian and CEC. However, the IJB will update its risk register should there be any emerging themes/risks which have a bearing on its activities.

15 Dispute Resolution

15.1 In the event of any dispute between the Parties in relation to any matter provided for in this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act (a "Dispute"), the provisions of this section 14 will apply.

15.2 Either Party shall give to the other written notice of the Dispute, setting out its nature and full particulars (a "Dispute Notice"), together with relevant supporting documents. The Party giving the Dispute Notice will provide a copy to the Chair of the IJB. On service of the Dispute Notice, the Chief Executives of the Parties shall meet and attempt in good faith to resolve the Dispute.

15.3 Where the matter remains unresolved within 21 days of service of the Dispute Notice, the Parties shall inform the Chair of the IJB and may proceed to mediation with a view to resolving the issue. Any mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of NHS Lothian and the Chief Executive of CEC and failing agreement within 21 days shall be nominated by the Centre for Effective Dispute Resolution on the request of either Party.

15.4 The mediation will start not later than 21 days after the date of appointment of the mediator.

15.5 The Parties agree that the cost of the mediator will be met equally by NHS Lothian and CEC. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Chair of NHS Lothian and the Leader of CEC and notified to the chairperson of the IJB.

- 15.6 The chairperson of the IJB will inform Scottish Ministers in writing of the Dispute and agreed timeframe to conclude the mediation process.
- 15.7 Where following mediation the issue remains unresolved, the chairperson of the IJB shall notify Scottish Ministers in writing. Scottish Ministers may then advise the Parties how to proceed.
- 15.8 The Parties shall cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.
- 15.9 Nothing in this Scheme shall prevent either of the Parties from seeking any legal remedy or from commencing or continuing court proceedings in relation to the Dispute.

Annex 1

Part 1A

Functions delegated by NHS Lothian to the IJB

Set out below is the list of functions that are delegated by NHS Lothian to the IJB, in compliance with the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB ⁽¹⁾ (Functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS Contracts); section 17C (personal medical or dental services); section 17I ⁽²⁾ (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 ⁽³⁾ (care of mothers and young children) to the extent falling outwith the relevant services specified in Part 1B of Annex 1; section 38A ⁽⁴⁾ (breastfeeding) to the extent falling outwith the relevant services specified in

(1) Section 2CB was inserted by S.S.I. 2010/283, regulation 3(2).

(2) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

(3) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.



Part 1B of Annex 1;

section 39⁽⁵⁾ (medical and dental inspection, supervision and treatment of pupils and young persons) to the extent falling outwith the relevant services specified in Part 1B of Annex 1;

section 48 (provision of residential and practice accommodation);

section 55⁽⁶⁾ (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A⁽⁷⁾ (remission and repayment of charges and payment of travelling expenses);

section 75B⁽⁸⁾(reimbursement of the cost of services provided in another EEA state);

section 75BA ⁽⁹⁾(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

⁽⁴⁾ Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

⁽⁵⁾ Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

⁽⁶⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁷⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽⁸⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽⁹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).



section 82⁽¹⁰⁾ use and administration of certain endowments and other property held by Health Boards);

section 83⁽¹¹⁾ (power of Health Boards and local health councils to hold property on trust);

section 84A⁽¹²⁾ (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98⁽¹³⁾ (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989⁽¹⁴⁾;

NHS Lothians (Membership and Procedure) (Scotland) Regulations 2001;

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;

⁽¹⁰⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽¹¹⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

⁽¹²⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

⁽¹³⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽¹⁴⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.



The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018;

The National Health Service (Discipline Committees) Regulations 2006;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;

The National Health Service (General Dental Services) (Scotland) Regulations 2010; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011⁽¹⁵⁾.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the	Except functions conferred by— section 22 (Approved medical practitioners);
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⁽¹⁵⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.



Mental Health (Care and Treatment) (Scotland) Act 2003.

section 34 (Inquiries under section 33: co-operation)⁽¹⁶⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁷⁾;

section 46 (Hospital managers' duties: notification)⁽¹⁸⁾;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281⁽¹⁹⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²⁰⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations

⁽¹⁶⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁷⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽¹⁸⁾ Section 46 is amended by S.S.I. 2005/465.

⁽¹⁹⁾ Section 281 is amended by S.S.I. 2011/211.

⁽²⁰⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

2005⁽²¹⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²²⁾; and
 The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²³⁾.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—
 section 31(Public functions: duties to provide information on certain expenditure etc.); and
 section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽²⁵⁾.

Carers (Scotland) Act 2016⁽²⁴⁾

⁽²¹⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²²⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²³⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁴⁾ Entry inserted by Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017/381 (Scottish SI) reg.2 (December 18,2017)

⁽²⁵⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Section 31

(duty to prepare local carer strategy)

But in each case, subject to the restrictions set out in paragraph (a) of article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014, and only so far as (i) they are exercisable in relation to care or treatment provided by health professionals for the purpose of the health care services listed in paragraphs (a) to (f) of Part 2 of this Annex 1 or (ii) they are exercisable in relation to the health care services listed in paragraphs (g) to (v) of Part 2 of this Annex 1.

Annex 1

Part 1B

Additional functions delegated by NHS Lothian to the IJB

Set out below is the list of additional functions that are delegated by NHS Lothian to the IJB

(A) The functions listed in Part 1A of this Annex 1 insofar as they relate to the services listed below in relation to persons under the age of 18:

- (a) Primary medical services and general medical Services (including general practitioner pharmaceutical services)
- (b) General dental services, public dental services and the services provided by the Edinburgh Dental Institute
- (c) General ophthalmic services
- (d) General pharmaceutical services
- (e) Out of hours primary medical services
- (f) Services for people with learning disabilities.

Annex 1

Part 2

Services associated with the functions delegated by NHS Lothian to the IJB

Interpretation of this Part 2 of Annex 1

In this Part 2—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004⁽²⁶⁾; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

- a)** Accident and emergency services provided in a hospital.
- b)** Inpatient hospital services relating to the following branches of medicine—
 - (a) general medicine;
 - (b) geriatric medicine;
 - (c) rehabilitation medicine;
 - (d) respiratory medicine; and
 - (e) psychiatry of learning disability.

⁽²⁶⁾ S.S.I. 2004/115.



- c) Palliative care services provided in a hospital.
- d) Inpatient hospital services provided by general medical practitioners.
- e) Services provided in a hospital in relation to an addiction or dependence on any substance.
- f) Mental health services provided in a hospital, except secure forensic mental health services.
- g) District nursing services.
- h) Services provided outwith a hospital in relation to an addiction or dependence on any substance.
- i) Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- j) The public dental service.
- k) Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978⁽²⁷⁾.
- l) General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁸⁾.
- m) Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽²⁹⁾.
- n) Pharmaceutical services* and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978⁽³⁰⁾.

⁽²⁷⁾ Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

⁽²⁸⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽²⁹⁾ Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

⁽³⁰⁾ Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act



- o)** Services providing primary medical services to patients during the out-of-hours period.
- p)** Services provided outwith a hospital in relation to geriatric medicine.
- q)** Palliative care services provided outwith a hospital.
- r)** Community learning disability services.
- s)** Mental health services provided outwith a hospital.
- t)** Continence services provided outwith a hospital.
- u)** Kidney dialysis services provided outwith a hospital.
- v)** Services provided by health professionals that aim to promote public health.

In each case, subject to the exceptions set out in Parts 1A and 1B of Annex 1 and to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

NHS Lothian has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services

- (A)** Provision for people under the age of 18 of:
 - i)** Primary medical services and general medical services (including general practitioner pharmaceutical services)
 - ii)** General dental services, public dental services and the Edinburgh Dental Institute
 - iii)** General ophthalmic services
 - iv)** General pharmaceutical services
 - v)** Out of hours primary medical services
 - vi)** Learning disabilities
- (B)** The functions exercisable in relation to the prison health care service provided within HMP Edinburgh and HMP Addiewell.

Annex 2

Part 1

Functions delegated by CEC to the IJB

Set out below is the list of functions that are delegated by CEC to the IJB (being the functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014)

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
National Assistance Act 1948⁽³¹⁾	
Section 48	
(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958⁽³²⁾	
Section 3	
(Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968⁽³³⁾	

⁽³¹⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

⁽³²⁾ 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

⁽³³⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) (“the 1995 Act”), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (“the 2003 Act”), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) (“the 2001 Act”) schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) (“the 2002 Act”), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	

2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽³⁴⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986⁽³⁵⁾	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of

⁽³⁴⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

⁽³⁵⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
	section 16 and which have been delegated.
<p>Section 8 (Duty of local authority to take into account abilities of carer.)</p>	<p>In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.</p>
<p>The Adults with Incapacity (Scotland) Act 2000⁽³⁶⁾</p>	
<p>Section 10 (Functions of local authorities.)</p>	
<p>Section 12 (Investigations.)</p>	
<p>Section 37 (Residents whose affairs may be managed.)</p>	<p>Only in relation to residents of establishments which are managed under integration functions.</p>
<p>Section 39 (Matters which may be managed.)</p>	<p>Only in relation to residents of establishments which are managed under integration functions.</p>
<p>Section 41 (Duties and functions of managers of authorised establishment.)</p>	<p>Only in relation to residents of establishments which are managed under integration functions</p>
<p>Section 42 (Authorisation of named manager to withdraw from resident’s account.)</p>	<p>Only in relation to residents of establishments which are managed under integration functions</p>
<p>Section 43 (Statement of resident’s affairs.)</p>	<p>Only in relation to residents of establishments which are managed under integration functions</p>
<p>Section 44 (Resident ceasing to be resident of authorised</p>	<p>Only in relation to residents of establishments which are managed under integration functions</p>

⁽³⁶⁾ 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
establishment.)	
Section 45 (Appeal, revocation etc.) The Housing (Scotland) Act 2001 ⁽³⁷⁾	Only in relation to residents of establishments which are managed under integration functions
Section 92 (Assistance to a registered for housing purposes.) The Community Care and Health (Scotland) Act 2002 ⁽³⁸⁾	Only in so far as it relates to an aid or adaptation.
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.) The Mental Health (Care and Treatment) (Scotland) Act 2003 ⁽³⁹⁾	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.

⁽³⁷⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁸⁾ 2002 asp 5.

⁽³⁹⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

Column A

Column B

Enactment conferring function

Limitation

Section 33

(Duty to inquire.)

Section 34

(Inquiries under section 33: Co-operation.)

Section 228

(Request for assessment of needs: duty on local authorities and Health Boards.)

Section 259

(Advocacy.)

The Housing (Scotland) Act 2006⁽⁴⁰⁾

Section 71(1)(b)

Only in so far as it relates to an aid or adaptation.

(Assistance for housing purposes.)

The Adult Support and Protection (Scotland) Act 2007⁽⁴¹⁾

Section 4

(Council's duty to make inquiries.)

Section 5

(Co-operation.)

Section 6

(Duty to consider importance of providing advocacy and other.)

Section 11

(Assessment Orders.)

Section 14

(Removal orders.)

Section 18

(Protection of moved persons property.)

Section 22

⁽⁴⁰⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

⁽⁴¹⁾ 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
(Right to apply for a banning order.)	
Section 40	
(Urgent cases.)	
Section 42	
(Adult Protection Committees.)	
Section 43	
(Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽⁴²⁾	
Section 5	
(Choice of options: adults.)	
Section 6	
(Choice of options under section 5: assistances.)	
Section 7	
(Choice of options: adult carers.)	
Section 9	
(Provision of information about self-directed support.)	
Section 11	
(Local authority functions.)	
Section 12	
(Eligibility for direct payment: review.)	
Section 13	Only in relation to a choice under section 5 or 7
(Further choice of options on material change of circumstances.)	of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16	
(Misuse of direct payment: recovery.)	
Section 19	
(Promotion of options for self-directed support.)	

⁽⁴²⁾ 2013 asp 1.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

Carers (Scotland) Act 2016⁽⁴³⁾

Section 6⁽⁴⁴⁾

(duty to prepare adult carer support plan)

Section 21⁽⁴⁵⁾

(duty to set local eligibility criteria)

Section 24⁽⁴⁶⁾

(duty to provide support)

Section 25

(provision of support to carers: breaks from caring)

Section 31

(duty to prepare local carer strategy)

Section 34

(information and advice service for carers)

Section 35

(short breaks services statement)

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

The Community Care and Health (Scotland) Act 2002

Section 4⁽⁴⁷⁾

The functions conferred by Regulation 2 of the Community Care (Additional

⁽⁴³⁾ [Section 21](#) was inserted into the [schedule](#) of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) by [paragraph 6 of the schedule](#) of the [Carers \(Scotland\) Act 2016 \(asp 9\)](#).

⁽⁴⁴⁾ Section 6 was inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg.3(2)(c) (December 13, 2017)

⁽⁴⁵⁾ Entry inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017/190 (Scottish SI) reg.2(2) (June 16, 2017)

⁽⁴⁶⁾ Sections 24, 25, 31, 34 and 35 inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg.3(2)(c) (December 13, 2017)

⁽⁴⁷⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

Payments) (Scotland) Regulations
2002⁽⁴⁸⁾

In each case, so far as the functions are exercisable in relation to persons of at least 18 years of age.

⁽⁴⁸⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Annex 2

Annex 2 Part 2

Services currently associated with the functions delegated by CEC to the IJB

Set out below is an illustrative description of the services associated with the functions delegated by CEC to the IJB as specified in Part 1 of Annex 2.

Social work services for adults and older people

Services and support for adults with physical disabilities and learning disabilities

Mental health services

Drug and alcohol services

Adult protection and domestic abuse

Carers support services

Community care assessment teams

Support services

Care home services

Adult placement services

Health improvement services

Housing support/aids and adaptation in so far as they relate to adult with social care needs

Day services

Local area co-ordination

Respite provision

Occupational therapy services

Re-ablement services, equipment and telecare.

In each case, so far as the services are provided to persons of at least 18 years of age.

Appendix 3a – Audit and Assurance Committee Terms of Reference

Audit and Assurance Committee

Terms of Reference

1. Purpose of Committee

- 1.1 The Audit and Assurance Committee (AAC) is a statutory Committee established by the Edinburgh Integration Joint Board (EIJB) and will advise the EIJB on the adequacy of financial reporting arrangements, governance activities, internal and external audit provisions and the implications of assurances provided in respect of risk and internal control.

2. Authority

- 2.1 The Audit and Assurance Committee (AAC) is:
- (a) a statutory committee reporting directly to the EIJB and has no executive powers, other than those specifically delegated in its Terms of Reference.
 - (b) authorised by the EIJB to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee within the Edinburgh Health and Social Care Partnership (the Partnership). Employees are directed to co-operate with any reasonable request made by AAC.
 - (c) authorised to obtain professional advice (including legal advice) and to arrange for the attendance of persons with relevant experience and expertise who are not employed by the Partnership, if considered necessary.

3. Membership and Quorum

Membership

- 3.1 Members of the AAC shall be appointed by the EIJB and shall be made up of 6 voting members of the EIJB, drawn equally from NHS Lothian and the City of Edinburgh Council. 3 non-voting members of the EIJB will also be appointed by the EIJB as non-voting members of the AAC.
- 3.2 One of the voting members will be appointed by the EIJB as the Chair of AAC. The Chair will be rotated between voting members on a basis agreed by the EIJB to ensure a suitable balance between partner organisations is maintained across the four committees of the EIJB. A further voting member of the AAC can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the AAC members.
- 3.3 The Executive Lead (the Chief Finance Officer) or a designated alternative from the Executive Team will be in attendance at all meetings of the AAC.
- 3.4 The Chair of the EIJB and the Chief Officer shall not be members of the AAC, but they may be in attendance.
- 3.5 Other than as specified above, only members of the AAC have the right to attend AAC meetings. Other non-AAC members may be invited to attend and assist the AAC from time to time, according

- to items being considered and discussed.
- 3.6 Members and attendees should attend ACC meetings primarily virtually via Microsoft Teams. There may be occasions where AAC meetings are held in person and / or where AAC members are in attendance both face to face and virtually (hybrid). An attendance record shall be held for each meeting.
- 3.7 Secretariat support will be provided by a combination of the Office of the Chief Officer and the City of Edinburgh Council Committee Services' team.

Quorate

- 3.8 The quorate necessary for the transaction of business shall be 4 members, as defined in paragraph 3.1.
- 3.9 If a AAC is not quorate, the AAC can agree to either suspend and reorganise the meeting, or continue, with that decision noted and decisions made on reports noted in the minute and agreed by all members at the next meeting.

4. Duties

- 4.1 AAC will review the overall internal control arrangements for the EIJB and make recommendations to the EIJB as appropriate. Specifically, it will be responsible for the following duties:

Financial reporting

- 4.2 The Audit and Assurance Committee will:
- (a) request assurance that the systems for financial reporting to the EIJB are subject to review and that the systems provide complete and accurate information.
 - (b) scrutinise the EIJB unaudited accounts and annual statement of accounts, request assurance that the appropriate accounting policies have been followed and identify whether there are concerns arising from the financial statements or from audit that need to be brought to the attention of the EIJB.
 - (c) consider any changes and / or review the consistency of accounting standards, regulations, and guidance in relation to EIJB accounts and report as required to the EIJB.
 - (d) review whether the EIJB has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the External Auditor.
 - (e) consider the methods used to account for significant or unusual transactions where different approaches are possible (including unadjusted misstatements in the financial statements).
 - (f) scrutinise the external auditor's report to those charged with governance on issues arising from the audit of the accounts.
 - (g) review the clarity of disclosure in the EIJB's financial reports and the context in which statements are made.
 - (h) scrutinise any incidents of fraudulent activity related to the EIJB. Any instances of fraud relating to the EIJB would be reported to AAC and the EIJB.

Risk management



- 4.3 The Audit and Assurance Committee will:
- (a) scrutinise risk management arrangements for the EIJB, ensure compliance with the risk management policy and ensure that governance arrangements are in place for recording, monitoring, reporting and escalating risks to the EIJB.
 - (b) ensure that risk management arrangements are sufficient and receive regular risk management updates and reports.
 - (c) have oversight of strategic risks for the EIJB, with a regular review to inform audit activity
 - (d) to monitor progress in addressing risk-related issues reported to the AAC.

Governance

- 4.4 The Audit and Assurance Committee will:
- (a) review the EIJB corporate governance arrangements against the EIJB governance handbook / good governance framework and consider annual governance reports and outcomes from the committee assurance framework.
 - (b) review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the EIJB framework of governance, risk management and control.
 - (c) consider the EIJB arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.
 - (d) review the policies for ensuring compliance with relevant regulatory and legislative requirements (including EIJB records management plan, data protection and freedom of information requests, resilience arrangements), legal and code of conduct requirements and any related reporting.
 - (e) review the policies for managing and investigating complaints and legal claims against the EIJB.
 - (f) review the Register of Members' Interests; and Register of Gifts and Hospitality on a regular basis, and not less than annually.
 - (g) monitoring and keeping under review the Codes of Conduct maintained by the EIJB.

Audit

- 4.5 The Audit and Assurance Committee will:
- (a) ensure that there is an effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the AAC, Chief Officer, and the EIJB.
 - (b) consider and approve the Internal Audit Charter and Annual Plan, and ensure it has adequate resources and access to information, to enable it to perform its function effectively and in accordance with the relevant professional standards.
 - (c) consider External Audit Plan and reports (including the annual report), matters arising from these and management actions identified in response.
 - (d) ensure the audit function has adequate standing and is free from management or other restrictions.
 - (e) review all reports from the Internal and External Auditors which identify "limited assurance" or "no assurance".
 - (f) review and monitor the Executive Management's responsiveness to the findings and recommendations of Internal and External audit reports and ensure coordination



- between Internal and External Auditors to optimise use of audit resource.
- (g) consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.
- 4.6 The Head of Internal Audit will be given the right of direct access to the Chair of the AAC, Chief Officer, EIJB and to the ACC. The AAC will meet the Head of Internal Audit on a formal basis, at least once a year, without the Chief Officer/ Chief Finance Officer or management, to consider issues arising from the internal audit programme and its scope and impact.
- 4.7 The AAC will meet the External Auditor at least once a year, without management being present; to discuss their remit and any issues arising from the audit.

Other board assurance functions

- 4.8 The Audit and Assurance Committee will:
- (a) review the findings of other significant assurance functions that relate to the EIJB, both internal and external, and consider the implications for the governance of the EIJB. These may include, but not be limited to, any reviews undertaken by Audit Scotland, Health and Social Care Regulators, and professional bodies with responsibility for the performance of staff or functions.
 - (b) review registers relating to the registers of interest and code of conduct of EIJB members.
 - (c) review every decision by the EIJB to suspend their respective Standing Orders.
 - (d) promoting the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000.
 - (e) assisting IJB Members in observing the relevant Codes of Conduct.

5. Reporting and Accountability

- 5.1 The AAC Chair will raise any concerns highlighted at AAC to the next meeting of the EIJB via an escalation report. A committee update report is also presented to every meeting of the EIJB providing an overview of the business of the AAC.
- 5.2 The Terms of Reference shall be reviewed by the AAC and approved by the EIJB on an annual basis.
- 5.3 The AAC will report to the EIJB annually on its work in support of the Annual Governance Statement. The AAC Assurance Annual Report will:
- (a) set out clearly how the AAC is discharging its responsibilities.
 - (b) be signed by the Chair of the AAC.
 - (c) be presented to the EIJB and any other forums as appropriate, with the Chair of the AAC in attendance to respond to any stakeholder questions on the activities of the AAC.
- 5.4 The Edinburgh Integration Joint Board (EIJB) has several legislative and regulatory requirements that have been delegated to the AAC are referenced within the terms of reference namely:
- (a) A requirement to have an annual financial statement/annual accounts.



- (b) A requirement to adhere to the audit and accounts regulations and legislation. EIJB Joint Board will produce audited accounts and that the external audit will be undertaken by auditors appointed by the Accounts Commission.
- (c) A requirement to have an EIJB records management plan.
- (d) A requirement to have an EIJB complaints procedure.
- (e) Ensure arrangements are in place to cover it and its members against any liability claims that arise.
- (f) Ensure adequate resilience arrangements are in place to manage an emergency response as the EIJB is a Category 1 responder.
- (g) Ensure adequate arrangements are in place to manage data protection and freedom of information requests relating to the EIJB.

6. Committee Administration

- 6.1 The AAC will meet a minimum of four times a year and at such other times as the Chair of the AAC, in consultation with the Committee Secretary, require to allow the AAC to discharge all its responsibilities.
- 6.2 The Chair may at any time convene additional meetings of the AAC to consider business that requires urgent attention.
- 6.3 The agenda will be set in advance by the Chair, with the Committee Secretary and Executive Lead, reflecting an integrated cycle of meetings and business, which is agreed each year for the AAC, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 6.4 Notice of each meeting confirming the venue, time, and date, together with an agenda of items and supporting papers to be discussed, will be made available to each member of the AAC, no less than five working days before the date of the meeting in electronic form.
- 6.5 Committee papers will include an outline of their purpose and key points in line with the EIJB's committee protocol, and make clear what actions are expected of the AAC.
- 6.6 The Chair will establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.
- 6.7 The Committee Secretary will minute the proceedings of all AAC meetings, including recording the names of those present, in attendance and absent. Draft minutes of AAC meetings will be made available promptly to all members of AAC, normally within ten working days of the meeting.
- 6.8 The AAC will, at least once a year, review its own performance, using a process agreed for all Committees by the EIJB.

Procedural control statement:

Date approved: March 2023

Approved by: Audit and Assurance Committee

Review date: October 2024

Audit and Assurance Committee Membership

Chair Peter Murray

Voting members Cllr Claire Miller
Elizabeth Gordon
Cllr Euan Davidson
TBC
TBC

Non-voting members Kirsten Hey
Grant Macrae
TBC

Executive Lead Moira Pringle, Chief Finance Officer

Attendees Laura Calder – Chief Internal Auditor
Shelagh Davidson, Michael Oliphant & Christopher Gardner – External Audit (Audit Scotland)
Angela Brydon – Operations Manager

Committee Secretary Donald Scott
TBC

Appendix 3b – Clinical and Care Governance Terms of Reference

1. Constitution of the Committee

- 1.1 The Clinical and Care Governance Committee is established by the Edinburgh Integration Joint Board (EIJB) to monitor, review and report to the EIJB on the standard and quality of care delivered across delegated services.

2. Purpose and Function

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

3. Authority

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

4. Membership and Quorum

Membership

- 4.1 Members of the Committee shall be appointed by the EIJB and shall be made up of least 4 Voting

Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Two non-voting IJB members shall be appointed as members of the Committee by the EIJB as non-voting members of the Committee.

- 4.2 One of the Voting members will be appointed by the EIJB as the Chair of the Committee. The Chair will be rotated between voting members on a basis agreed by the EIJB to ensure a suitable balance between partner organisations is maintained across the four committees of the EIJB.
- 4.3 A further Voting member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.
- 4.4 The Executive Lead (Service Director – Operations) or a designated alternative will be in attendance at all meetings of the committee.
- 4.5 The Chair of the EIJB and the Chief Officer shall not be members of the Committee, but they may be in attendance.
- 4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.
- 4.7 Members and attendees should attend Committee meetings primarily virtually via Microsoft Teams, there may be occasions where Committee meetings are held in person and / or where committee member are in attendance both face to face and virtually (hybrid).
- 4.8 Secretariat support will be provided by a combination of the Office of the Chief Officers and the City of Edinburgh Council Committee Services’ team.
- 4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the EIJB.
- 4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee Annual Assurance Statement presented to the EIJB.
- 4.11 The Chief Officer and other members of the Executive Team should be invited to attend as appropriate with an expectation that if invited they should attend.

Quorum

- 4.12 The quorum necessary for the transaction of business shall be members, as defined in 4.1 above.
- 4.13 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.
- 4.14 If a committee fails to meet quorum, the committee can agree to either suspend and reorganise

the meeting, or continue, with that decision noted and decisions made on reports noted in the minute and agreed by all members at the next meeting.

5. Specific Duties

Strategy

5.1 The Committee will:

- (a) inform the strategic priorities and investments needed to support high- quality clinical/care outcomes and support improvements to improve standards of care across delegated services, and advise the EIJB accordingly;
- (b) take account of international intelligence and research evidence on clinical/care safety and practice and distil their relevance to the Partnership’s strategic priorities (including where necessary commissioning research to inform its work);
- (c) take account of the development and effective use of shared clinical/care intelligence and data with partners to shape the growth of high-quality care and services in the ‘place’ of Edinburgh and Scotland.

Risk

5.2 The Committee will:

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

Outcomes and processes

5.3 The Committee will:

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

Learning and communication

5.4 The Committee will:

- (a) be assured of the effectiveness of systems and processes used for continuous learning, innovation and quality improvement, establishing ways of gaining assurance that



- appropriate action is being taken;
- (b) be assured that the robustness of procedures ensure that adverse incidents, complaints and events are detected, openly investigated, with lessons learned being promptly applied and appropriately disseminated in the best interests of patients/citizens, of staff and of the Partnership;
- (c) review how systematically evidence-based practice, ideas, innovations and statutory and best practice guidance are identified, disseminated and applied within the Partnership;
- (d) be assured of the effectiveness of communication, engagement and development activities designed to support patient/citizen safety and improve clinical governance.

Patient and public engagement

5.5 The Committee will:

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

Progress and performance reporting

5.6 The Committee will:

- (a) review a range of evidence and data from multiple sources, including management and executive committees and groups, on which to arrive at informed opinions on:
 - i. the standards of clinical and service quality within delegated services
 - ii. compliance with agreed standards of care and national targets and indicators
 - iii. delegated services organisation's quality performance measured against specified standards and targets;
- (b) review a succinct set of key performance and progress measures relating to the full purpose and function of the Committee;
- (c) review progress against these measures on a regular basis and seek assurance around any performance issues identified, including proposed corrective actions and reporting any significant issues and trends to the EIJB;
- (d) agree the programme of benchmarking activities to inform the understanding of the Committee and its work;
- (e) be assured of the credibility of sources of evidence and data used for planning and progress reporting to the Committee and to the Board in relation to the Committee's purpose and function;
- (f) ensure alignment of the EIJB assurances and consistent use of data and intelligence, by working closely with the Audit & Assurance Committee, Strategic Planning Group and Performance and Delivery Committee.

Statutory and regulatory compliance

5.7 The Committee will be assured of the arrangements for ensuring maintenance of the compliance standards within delegated services specified by a range of statutory regulators of health and care professionals.

6. Reporting and Accountability

- 6.1 The Committee Chair will raise any concerns to the next meeting of the EIJB. A committee update report is also presented to every meeting of the EIJB providing an overview of the business of the committee.
- 6.2 The Terms of Reference shall be reviewed by the Committee and approved by the Integration Joint Board on an annual basis.
- 6.3 The committee will report to the EIJB annually on its work in support of the Annual Governance Statement. The Committee Assurance Statement Annual Report will:
- (a) Set out clearly how the committee is discharging its responsibilities.
 - (b) Be presented to the EIJB and any other forums as appropriate, with the Chair of Clinical and Care Governance Committee in attendance to respond to any stakeholder questions on the Committee's activities.

7. Committee Administration

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

7.8 The Committee will at least once a year, review its own performance, using a process agreed for all committees by the EIJB.

Procedural control statement:

Date approved: 28 June 2023

Approved by: C&CG Committee

Review date: October 2024 or earlier

Clinical and Care Governance Committee Membership

Chair	Councillor Vicky Nicholson
Voting	George Gordon Peter Knight Councillor Claire Miller
Non-voting	Chief Social Work Officer Helen Fitzgerald, EHSCP Lead Partnership Representative Jacqui Macrae, Interim Chief Nurse Robin Balfour, Medical Director TBC - Co-Chair, Professional Advisory Group (PAG) Allister McKillop, Citizen Representative
Executive Lead	Mike Massaro-Mallinson, Service Director - Operations
Attendees	As required
Committee Secretary	Helen Elder, Chief Officers' Office TBC , Committee Services

Appendix 3c – Performance and Delivery Committee Terms of Reference

1. Purpose of Committee

1.1 The Performance and Delivery Committee (P&DC) is a non-statutory Committee established by the Edinburgh Integration Joint Board (EIJB) to provide advice and assurance to the EIJB on the effectiveness on the financial management and service performance for services delegated to the EIJB.

2. Authority

- 2.1 The Performance and Delivery Committee is:
- (a) a non-statutory Committee reporting directly to the EIJB and has no executive powers, other than those specifically delegated in its Terms of Reference.
 - (b) authorised by the EIJB to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the Edinburgh Health and Social Care Partnership (the Partnership). Employees are directed to co-operate with any reasonable request made by P&DC.
 - (c) authorised to obtain professional advice (including legal advice) and to arrange for the attendance of persons with relevant experience and expertise who are not employed by the Partnership, if considered necessary.
- 2.2 The P&DC, in exceptional circumstances, may establish task and finish groups for the purpose of addressing specific tasks or areas of responsibility. In accordance with Standing Orders, the P&DC Committee may not delegate powers to a task and finish group unless expressly authorised by the EIJB.
- 2.3 The terms of reference, including the reporting procedures of any task and finish group, must be approved by the EIJB and be reviewed on an annual basis.

3. Membership and quorum

Membership

- 3.1 Members of the P&DC shall be appointed by the EIJB and shall be made up of 4 Voting Members of the EIJB, drawn equally from NHS Lothian and the City of Edinburgh Council. Four non-voting EIJB members will be appointed to the Committee as non-voting members of the P&DC as per appendix 1.
- 3.2 One of the voting members will be appointed by the EIJB as the Chair of the P&DC. The Chair will be rotated between voting members on a basis agreed by the EIJB to ensure a suitable balance between partner organisations is maintained across the four committees of the EIJB. A further voting member of the P&DC can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the P&DC members.
- 3.3 The Executive Lead (Chief Finance Officer) and Strategic Director – Strategic Planning or a designated alternative from the Executive Team will be in attendance at all meetings of the P&DC.



- 3.4 The Chair of the EIJB and the Chief Officer shall not be members of P&DC, but they may be in attendance.
- 3.5 Other than as specified above, only members of the P&DC have the right to attend P&DC meetings. Other non-Committee members may be invited to attend and assist the P&DC from time to time, according to items being considered and discussed.
- 3.6 Members and attendees should attend P&DC meetings primarily virtually via Microsoft Teams. There may be occasions where P&DC meetings are held in person and / or where P&DC members are in attendance both face to face and virtually (hybrid). An attendance record shall be held for each meeting.
- 3.7 Secretariat support will be provided by a combination of the Office of the Chief Officer and the City of Edinburgh Council Committee Services' team.

Quorum

- 3.8 The quorum necessary for the transaction of business shall be 4 members as defined in paragraph 3.1.
- 3.9 If P&DC is not quorate, the P&DC can agree to either suspend and reorganise the meeting or continue with that decision noted and decisions made on reports noted in the minute and agreed by all members at the next meeting.

4. Duties

- 4.1 The main remit of the P&DC will:
- (a) review, scrutinise and provide assurance that there is comprehensive performance management strategy and financial reporting framework in place in respect of delivery of the delegated functions.
 - (b) ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising delegated services performance against set objectives, levels and standards of service.
 - (c) monitoring the performance (including financial) of delegated services and gain assurance that they are achieving their policy objectives and priorities in relation to all functions of the EIJB.
 - (d) use a range of metrics (including data, risks, directions) to inform the P&DC work plan. This may include deep dives into areas that will support delivery of the Strategic Plan.
 - (e) receive regular reports on delegated services and to review progress against the outcomes in the Strategic Plan.
 - (f) consider a range of strategic and operational performance reports from delegated services to ensure delivery of the EIJB Strategic Plan.
 - (g) review the Directions Register and associated Directions on an annual basis.
 - (h) explore the level of assurance the committee can recommend to the EIJB on the delivery of Directions.
 - (i) scrutiny and approval of a range of statutory and legislative requirements, this will include the Annual Performance Report and annual returns relating to Public

Sector Equalities Duty and Climate Change prior to submission to the EIJB.

5. Reporting and Accountability

- 5.1 The P&DC Chair will raise any concerns highlighted at P&DC to the next meeting of the EIJB via an escalations report. A committee update report is also presented to every meeting of the EIJB providing an overview of the business of the P&DC.
- 5.2 The Terms of Reference shall be reviewed by the P&DC and approved by the EIJB on an annual basis.
- 5.3 The P&DC will report to the EIJB annually on its work in support of the Annual Governance Statement. The P&DC Assurance Report will:
- (a) Set out clearly how the P&DC is discharging its responsibilities.
 - (b) Be signed by the Chair of the P&DC
 - (c) Be presented to the EIJB and any other forums as appropriate, with the Chair of the P&DC in attendance to respond to any stakeholder questions on the activities of the P&DC
- 5.4 The Edinburgh Integration Joint Board (EIJB) has several legislative and regulatory requirements that have been delegated to the P&DC are referenced within the terms of reference namely:
- (a) The requirement to prepare an annual performance report
 - (b) The requirement to monitor directions issued
 - (c) The requirement to comply with the Equalities Act 2010 / Public Sector Equality Duty and Climate Change Duties.

6. Committee Administration

- 6.1 The P&DC will meet bi-monthly and at such other times as the Chair of the P&DC, in consultation with the Committee Secretary require to allow the P&DC to discharge all its responsibilities.
- 6.2 The Chair may at any time convene additional meetings of the P&DC to consider business that requires urgent attention.
- 6.3 The agenda will be set in advance by the Chair, with the Committee Secretary and Executive Lead, reflecting an integrated cycle of meetings and business, which is agreed each year for the P&DC, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 6.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items and supporting papers to be discussed, shall be made available to each member of P&DC, no less than five working days before the date of the meeting in electronic form.
- 6.5 Committee papers shall include an outline of their purpose and key points in line with the EIJB's Committee protocol, and make clear what actions are expected of the P&DC.
- 6.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.

- 6.7 The Committee Secretary will minute the proceedings of all P&DC meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of P&DC, normally within ten working days of the meeting.
- 6.8 The P&DC will, at least once a year, review its own performance, using a process agreed for all Committees by the EIJB.

Procedural control statement:

Date approved: March 2023

Approved by: Performance and Delivery Committee

Review date: October 2023

Performance and Delivery Committee Membership

(as at 17 February 2023)

Chair	Councillor Max Mitchell
Voting	Peter Knight Councillor Euan Davidson George Gordon
Non-voting	Helen Fitzgerald Ruth Hendery Emma Reynish
Executive Lead	Moira Pringle/Tony Duncan
Attendees	Susan McMillan - Performance Eleonora Ho/David Walker – Finance Ian Brooke – EVOG Mike Massaro-Mallinson - Operations Deborah Mackle - Operations
Committee Secretary	Helen Elder, Office of the Chief Officer TBC, Committee Services

Appendix 3d – Strategic Planning Group Terms of Reference

1. Constitution of the Committee

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

2. Purpose and Function

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

3. Authority

- 3.1 The Committee is:
- (a) A statutory Committee of the EIJB reporting directly to the EIJB, and has no executive powers, other than those specifically delegated in these Terms of Reference.
 - (b) Authorised by the EIJB to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Partnership, and to invite any employee of an organisation within the Partnership to provide information by request at a meeting of the Committee to support its work, as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so.
 - (c) Authorised by the EIJB to secure the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Leads of the Committee and / or Office of the Chief Officer).
- 3.2 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the EIJB. In accordance with the Partnership's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the EIJB.



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

4. Membership and Quorum

Membership

- 4.1 Members of the Committee shall be appointed by the EIJB and shall be made up of four Voting Members of the EIJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Two non-voting members of the EIJB shall be appointed to the Committee by the Board as non-voting members of the Committee.
- 4.2 The Vice Chair of the EIJB will be the Chair of the Committee. The Chair of the EIJB will act as Vice Chair of this Committee.
- 4.3 A further Voting member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.
- 4.4 The Executive Lead (Service Director – Strategic Planning) or a designated alternative from the Office of the Chief Officer, will be in attendance at all meetings of the Committee. Other attendees at the Committee shall be appointed by the EIJB and shall be made up of representatives drawn from the following groups:
- (a) Non-voting members of the EIJB
 - (b) NHSL Director of Planning
 - (c) Health professionals
 - (d) Service users of health care
 - (e) Carers in health care
 - (f) Social care professionals
 - (g) Service users of social care
 - (h) Carers from social care
 - (i) Independent providers of social care
 - (j) Staff side representative
 - (k) Registered Social Housing organisations
 - (l) Third sector bodies carrying our activities related to health care or social care
- 4.5 The Chief Officer shall not be a member of the Committee but may be in attendance.
- 4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.

- 4.7 Members are able to attend Committee meetings in person, virtually, or in extremis, by telephone. Members who attend virtually will count towards the quorum.
- 4.8 Secretariat support will be provided by a combination of the Office of the Chief Officer and the City of Edinburgh Council Committee Services' team.
- 4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the EIJB.
- 4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

- 4.11 The quorum necessary for the transaction of business shall be four members as defined in 4.1 above, including the Chair (or the agreed representative in accordance with paragraph 4.3) and at least one Voting member.
- 4.12 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers, and discretions delegated to the Committee.
- 4.13 If inquorate, the Committee may meet informally to discuss reports but is not permitted to make any decisions. Decisions including those based on recommendations in a report must be agreed under quorum.

5. Duties

Core duties

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

Plan.

- 5.2 The Committee will set an annual plan for its work to form part of the EIJB's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the EIJB on its progress.
- 5.3 An Assurance Statement will be produced and presented to the EIJB annually.

6. Reporting and Accountability

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

7. Committee Administration

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

7.8 The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the EIJB.

Procedural control statement:

Date approved: awaiting approval by April 2023 EIJB

Approved by: SPG

Review date: October 2024

Strategic Planning Group Membership

Chair	Councillor Tim Pogson (Chair)
Voting	Katharina Kasper (Vice Chair) Peter Murray Councillor Max Mitchell
Non-voting	Christine Farquhar Bridie Ashrowan
Executive Lead	TBC Service Director Strategic Planning
Attendees	Grant Macrae ☒ (Citizen Representative) Allister McKillop ☒ (Citizen Representative) Colin Briggs ☒ NHSL Director of Planning Matt Kennedy, Principle Social Work Officer EHSCP Alyson Falconer ☒ Head of Adult Psychology Services, NHSL, (Health Professional) Peter McCormick ☒ (Social Care Commercial Provider) Rene Rigby ☒ Independent Sector Lead (Social Care Commercial Provider) Stephanie-Anne Harris ☒ Strategic Development Manager, Edinburgh Community Health Forum (Health Care Non-Commercial Provider) Jean Gray CEO Viewpoint - housing representative Jane Perry ☒ Director Bluebird Care Ayrshire, Edinburgh & Glasgow South. Michelle Mulvaney - Community Engagement Manager Susan McMillan ☒ Performance and Evaluation Manager (Performance Lead) Flora Ogilvie - Public Health Consultant Edinburgh Vacancy ☒ Representative from the Edinburgh Association of Community Councils (EACC)
Committee Secretary	Donna Rodger, Executive Assistant TBC Committee Services

Appendix 3 – EIJB Standing Orders

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

1. General

1.1 These Standing Orders regulate the conduct and proceedings of the Edinburgh Integration Joint Board and its committees and sub-committees. The Integration Joint Board is the governing body for what is commonly referred to as the Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) (“the Order”). The Integration Joint Board approved these Standing Orders on 13 November to take effect from 13 November 2019.

Membership of the Integration Joint Board

1.2 The Integration Joint Board shall have two categories of members:

- (i) Voting Members; and
- (ii) Non-Voting Members

1.3 The City of Edinburgh Council and Lothian NHS Board have elected to nominate 5 members each to the Integration Joint Board, who shall be the voting members.

1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.

1.5 The City of Edinburgh Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board.

1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting.

1.7 Failure of a member to attend three consecutive meetings of the Integration Joint Board will result in the Chair writing to that member to establish the reasons for their absence. A report may then be prepared for the Integration Joint Board to consider whether that member should be replaced.



2. Varying, Revoking or Suspending Standing Orders

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

3. Chair

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

4. Vice-Chair

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

5. Calling and Notice of Integration Joint Board Meetings

- 5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.
- 5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.
- 5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the Chair refuses to call a meeting, or does not do so within 7 days of receiving the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However, no business shall be transacted at the meeting other than that specified in the requisition.
- 5.4 Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members' usual place of

residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5 With regard to calculating clear days for the purpose of notice:

<p>Delivery of the Notice</p>	<p>Days excluded from the calculation of clear days:</p> <ul style="list-style-type: none"> ✓ The day the notice is sent ✓ The day of the meeting ✓ Weekends ✓ Public holidays <p>Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.</p>
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5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7 Integration Joint Board meetings shall be held in public. The Clerk shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held.

5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.

5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to



meet in private.

- 5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.
- 6. Quorum**
- 6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.
- 6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.
- 7. Authority of the Chair at meetings of the IJB and its Committees**
- 7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a proposal (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.
- 7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.
- 7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.
- 8. Deputations**
- 8.1 Deputation requests must be submitted to the clerk by 5pm two days before the meeting takes place.
- 8.2 Deputations should only be accepted from an office bearer or spokesperson of an organisation or group.
- 8.3 The Chair has the discretion to waive the requirements in paragraphs 8.1 and 8.2 if they feel it is appropriate.



- 8.4 Deputations must relate to an agenda item being considered at that meeting.
- 8.5 The Integration Joint Board or committee will be asked whether they wish to hear the deputation but must not discuss the merits of the case itself. If necessary a vote will be taken without discussion on whether to hear the deputation or not.
- 8.6 Deputations should be allowed 10 minutes to present their case, although this can be reduced by the chair, if there is more than one deputation on the same subject. Following their deputation, questions are permitted from members.
- 8.7 Following questions the deputation will be asked to retire to the public seating area to watch the debate and decision on the matter. The deputation should not take any part in the debate or the discussion of the relevant item.

9. Adjournment

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

10. Voting and Debate

- 10.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 10.2-10.10 would not need to be used.
- 10.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.
- 10.3 Any voting member may submit a proposal for the agreement of the Integration Joint Board, provided that it relates to a subject on the agenda. This should be submitted in writing to the Clerk by 2pm on the day before the meeting and will require to be moved and seconded.
- 10.4 Any voting member may second the proposal and may reserve his/her speech for a later period of the debate.
- 10.5 Once a proposal has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.
- 10.6 Where a vote is being taken, except for the mover of the original proposal, no other speaker may speak more than once in the same discussion.



- 10.7 After debate, the mover of any original proposal shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.
- 10.8 A proposal to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the proposal, an adjournment of any debate shall be to the next meeting.
- 10.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 10.
- 10.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

11. Minutes

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

12. Matters Reserved for the Integration Joint Board

Standing Orders

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

Committees

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

Values

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



Strategic Planning

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

Risk Management

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

Health & Safety

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

Finance

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

Performance Management

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

13. Integration Joint Board Members – Ethical Conduct

- 13.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the [Ethical Standards in Public Life etc \(Scotland\) Act 2000](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Clerk shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or



her entry in the Register, he or she must notify the Clerk of the need to change the entry within one month after the date the matter required to be registered.

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

14. Committees and Working Groups

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



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

15. Urgent Decisions

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

Appendix 4 – Code of Conduct for members of Edinburgh Integration Joint Board

Contents

Section 1: Introduction to the Code of Conduct

Appointments to the Boards of Public Bodies
 Guidance on the Code of Conduct
 Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Conduct at Meetings
 Relationship with Integration Joint Board Members and Employees of Related Organisations
 Remuneration, Allowances and Expenses
 Gifts and Hospitality
 Confidentiality Requirements
 Use of Health Board or Local Authority Facilities by Members of the Integration Joint Board
 Appointment to Partner Organisations

Section 4: Registration of Interests

Category One: Remuneration
 Category Two: Related Undertakings Category Three: Contracts
 Category Four: Houses, Land and Buildings
 Category Five: Interest in Shares and Securities
 Category Six: Gifts and Hospitality
 Category Seven: Non-Financial Interests

Section 5: Declaration of Interests

General
 Interests which Require Declaration Your Financial Interests
 Your Non-Financial Interests
 The Financial Interests of Other Persons
 The Non-Financial Interests of Other Persons Making a Declaration
 Frequent Declaration of Interests Dispensations

Section 6: Lobbying and Access to Members of Public Bodies

Introduction
 Rules and Guidance

Annexes

Annex A: Sanctions Available to the Standards Commission for Breach of Code
 Annex B: Definitions and Explanatory Notes

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the Codes.
- 1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.
- 1.4 The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.
- 1.5 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of the Edinburgh Integration Joint Board, “the IJB”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.
- 1.6 This Code applies when you are acting as a member of the Edinburgh IJB and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

- 1.7 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at <http://www.appointed-for-scotland.org/>.
- 1.8 Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, which also includes information on Equality Duties and Diversity.
- 1.9 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public

appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

- 1.10 You should also familiarise yourself with how the Edinburgh IJB policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

- 1.11 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.12 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.
- 1.13 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

Enforcement

- 1.14 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the Edinburgh IJB and in accordance with the core functions and duties of the IJB.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the Edinburgh IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the Edinburgh IJB uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the Edinburgh IJB and its members in conducting public business.

Respect

You must respect fellow members of the Edinburgh IJB and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of the Edinburgh IJB.

- 2.2 You should apply the principles of this Code to your dealings with fellow members of the Edinburgh IJB, employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the Edinburgh IJB.

SECTION 3: GENERAL CONDUCT

- 3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

Conduct at Meetings

- 3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for the Edinburgh IJB, which govern the Board’s proceedings and business. The “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, will also provide you with further helpful information.

Relationship with IJB Members and Employees of Related Organisations

- 3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.
- 3.4 Public bodies should promote a safe, healthy and fair working environment for all. As a member of the Edinburgh IJB you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

- 3.5 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.



Gifts and Hospitality

- 3.6 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.
- 3.7 You must never ask for gifts or hospitality.
- 3.8 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:
- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
 - (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
 - (c) gifts received on behalf of the IJB.
- 3.9 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that the Edinburgh IJB may be involved in determining, or who is seeking to do business with your IJB, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of the Edinburgh IJB then, as a general rule, you should ensure that your IJB pays for the cost of the visit.
- 3.10 You must not accept repeated hospitality or repeated gifts from the same source.
- 3.11 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

- 3.12 There may be times when you will be required to treat discussions, documents or other information relating to the work of the Edinburgh IJB in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public.
- 3.13 You must always respect the confidential nature of such information and comply with the requirement to keep such information private.
- 3.14 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as

to bring the Edinburgh IJB into disrepute.

Use of Health Board or Local Authority Facilities by Members of the IJB

- 3.15 Members of the Edinburgh IJB must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the Edinburgh IJB.

Appointment to Partner Organisations

- 3.16 In the unlikely circumstances that you may be appointed, or nominated by the Edinburgh IJB, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
- 3.17 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

- 4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.
- 4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.⁴⁹

Category One: Remuneration



- 4.3 You have a Registerable Interest where you receive remuneration by virtue of being:
- employed;
 - self-employed;
 - the holder of an office;
 - a director of an undertaking;
 - a partner in a firm; or
 - undertaking a trade, profession or vocation or any other work.
- 4.4 This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.
- 4.5 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.
- 4.6 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.
- 4.7 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.
- 4.8 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.
- 4.9 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.
- 4.10 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.
- 4.11 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
- 4.12 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

- 4.13 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 4.14 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

- 4.15 The situations to which the above paragraphs apply are as follows:
- you are a director of a board of an undertaking and receive remuneration declared under category one – and
 - you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

- 4.16 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:
- (i) under which goods or services are to be provided, or works are to be executed; and
 - (ii) which has not been fully discharged.
- 4.17 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

- 4.18 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.
- 4.19 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

- 4.20 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:
- i. greater than 1% of the issued share capital of the company or other body; or
 - ii. greater than £25,000.
- 4.21 Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

- 4.22 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non-Financial Interests

- 4.23 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.
- 4.24 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

- 5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of the Edinburgh IJB, you can refer to the IJB's Standing Orders.
- 5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the Edinburgh IJB and its members depends on it being clearly understood that

decisions are taken in the public interest and not for any other reason.

- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the Edinburgh IJB. You will wish to familiarise yourself with your IJB’s standing orders and the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance.
- 5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair in the first instance.
- 5.5 As a member of the Edinburgh IJB you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

- 5.6 Interests which require to be declared if known to you may be financial or non- financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.
- 5.7 You will also have other private and personal particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.



Your Financial Interests

- 5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014; you do not, for that reason alone, have to declare that interest.
- 5.9 There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.10 A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.
- 5.11 Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.
- 5.12 You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.13 interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the

Your Non-Financial Interests

- 5.14 You must declare, if it is known to you, any non-financial interest if:
- i. that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
 - ii. that interest would fall within the terms of the objective test.
- 5.15 There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.16 You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 5.17 A member must disclose any direct or indirect pecuniary or other interest in relation to an item of

business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

- 5.18 Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.
- 5.19 You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

- 5.20 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.
- 5.21 You must declare if it is known to you any financial interest of:-
- i. a spouse, a civil partner or a co-habitee;
 - ii. a close relative, close friend or close associate;
 - iii. an employer or a partner in a firm;
 - iv. a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
 - v. a person from whom you have received a registerable gift or registerable hospitality;
 - vi. a person from whom you have received registerable expenses.
- 5.22 There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.23 You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.24 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

- 5.25 You must declare if it is known to you any non-financial interest of:-
- i. a spouse, a civil partner or a co-habitee;
 - ii. a close relative, close friend or close associate;



- iii. an employer or a partner in a firm;
 - iv. a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
 - v. a person from whom you have received a registerable gift or registerable hospitality;
 - vi. a person from whom you have received registerable election expenses.
- 5.26 There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.27 There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

- 5.28 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.
- 5.29 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

- 5.30 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.
- 5.31 Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

- 5.32 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non- financial interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.
- 5.33 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.



SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

- 6.1 In order for the Edinburgh IJB to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the Edinburgh IJB conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the “Roles, Responsibilities and Membership” guidance for members of an Integration Joint Board.

Rules and Guidance

- 6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the Edinburgh IJB or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the Edinburgh IJB.
- 6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the Edinburgh IJB.
- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.
- 6.7 You should not accept any paid work relating to health and social care:-
- a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
 - b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being

remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

- 6.8 Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.
- 6.9 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of the Edinburgh IJB in the first instance.

ANNEX A – SANCTIONS

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
 - i) all meetings of the public body;
 - ii) all meetings of one or more committees or sub-committees of the public body;
 - (i) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member’s entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members’ code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.



ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

“Chair” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“Code” code of conduct for members of devolved public bodies

“Cohabitee” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

“Group of companies” has the same meaning as “group” in section 474(1) of the Companies Act 2006. A “group”, within s474 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

“Parent Undertaking” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

“A person” means a single individual or legal person and includes a group of companies.

“Any person” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Related Undertaking” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

“Remuneration” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

“Spouse” does not include a former spouse or a spouse who is living separately and apart from you.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

REPORT

Edinburgh Integration Joint Board Risk Register

Edinburgh Integration Joint Board

16 November 2023

Executive Summary

The purpose of this report is to present the latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register for endorsement.

It also references the updated risk appetite statement which is included within the governance handbook and the work undertaken to articulate the likelihood and consequences of risks.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

- a. Notes that the risk cards, updated risk appetite statements and definitions of likelihood and consequences of risks were discussed and endorsed by the Audit and Assurance Committee on 13 September 2023.
- b. Consider, discuss and agree the risk cards.
- c. Agrees the risk overview, assurance levels and risk.
- d. Note progress to date in relation to recruitment to the Chief Risk Officer.

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	

Main Report

Background

- As a key part of its governance process, the risk register documents the risks that impact the Edinburgh Integration Joint Board's (EIJB) ability to deliver its objectives. Members of the EIJB Audit and Assurance Committee (AAC) are responsible for the oversight of risk management arrangements; this includes receipt, review, and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the attention of the EIJB. The AAC Committee reviews the EIJB risk register on a quarterly basis and refers it to the EIJB twice yearly.
- In line with the EIJB risk management policy, very high and high risks are presented to the AAC quarterly, medium risks are presented every six months and low risk presented annually. [Appendix 1](#) provides a summary of all EIJB risks for information with the detailed risk cards attached at [appendix 2](#).

Risk update

- AAC through several development sessions agreed that further work was needed on the risk cards and overarching risk framework. These issues and an update on the associated actions are given in the table below:

Issue	Action (s) taken
Review the risk appetite statements to ensure the levels reflect the environment the EIJB is currently operating in.	<ul style="list-style-type: none"> Risk appetite statements have been reviewed. This was informed by sessions with risk owners and is included at appendix 3. This was discussed and agreed at the AAC committee on 13 September. The risk appetite statement is also included within the revised governance handbook which is also on the agenda for this meeting. Work has been undertaken to clearly

	<p>articulate the likelihood and consequences of risks materialising, and this is included at appendix 4. All risk cards have now been updated to reflect this.</p>
<p>Review all risk cards to ensure they articulate key objectives and progress so members have the context and understand what area/s are causing the risk ratings (especially those rated high and very high). As part of this, call out any risks that have become issues.</p>	<p>The risk cards have also been reviewed to ensure clear articulation about what is driving the risk rating and where risks have become issues (action 4c & 4d). These were presented and agreed at AAC on 13 September 2023.</p>
<p>Map out what additional actions/ controls would be needed for risks to achieve their target risk level and specify/identify clearly where controls/additional actions are out with the control of the EIJB.</p>	<p>Officers are working through the rationale for target risks and how these can be achieved/delivered and what additional controls need to put in place to reduce the risks. This will also identify where there are requirements on the partners.</p>
<p>Arrange an EIJB session on risk management to ensure all board members are clear on their role and responsibility for risk management.</p>	<p>It is proposed the development session on the 5 December will cover risk management.</p>

4. As per the review process, the Operations Manager meets with all Executive leads and the risk cards have been updated to reflect the current position and the controls have been refined. The resultant risk cards are then presented to the Executive Team and AAC for discussion. Appendix 1 – 4 were all presented to AAC on the 13 September. The committee approved the appendices and acknowledged the significant improvements, the appendices will make to the risk reporting process going forward. Since the risk cards were presented to AAC on 13 September, there has been further actions to mitigate the risks, and these will be reflected in the next iteration of the risk cards presented to the AAC in December and indicate what impact these actions are having on reducing the risk ratings. Since the risk cards were presented to AAC on 13 September, there have been further actions to mitigate the risks, and these will be reflected in the next iteration of the risk cards presented to the AAC in December. These updated risk cards will indicate the impact on reducing risk ratings.

Chief Risk Officer

5. The job description for the Chief Risk Officer has been drafted and is going through the relevant governance processes in relation to job evaluation. Approval from the Partnership Forum is the first step in that process and that was granted in June 2023. Therefore, the job description has now been submitted for evaluation. An experienced senior leader has now been appointed to progress the structure more generally and this post will form part of that process. Updates will be included in future reports to the committee.
6. As previously advised, the role will be offered on a flexible basis with the intention of making it an attractive proposition.

Next steps

7. Work continues to refine and improve the EIJB risk cards as per actions referenced at paragraph 4-6 of this report.

Implications for Edinburgh Integration Joint Board

Financial

8. There are no direct financial implications arising from this report, however it is important that all risks (including financial) are closely monitored and escalated appropriately.

Legal / risk implications

9. The risk cards included at appendix 2 highlights the current EIJB risks. The risk cards are a core component of the internal control system and is used as a systematic structured method of recording all risks that threaten the delivery of EIJB strategic objectives/priorities.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

12. The management and mitigation of risks in key areas including strategic planning and commissioning and the issuing of directions should impact positively on the quality of care delivered.

Consultation

13. The EIJB risks were developed following consultation with the Executive Team AAC members, Chief Internal Auditor, representatives from the three Lothian EIJBs and the Council's Risk Officer.

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Background Reports

None












Appendices

Appendix 1	Risk rating overview
Appendix 2	Risk cards
Appendix 3	Risk appetite statement
Appendix 4	Risk matrix rationale

Appendix 1 – Risk rating overview

ID	Risk Type	Risk Appetite	Risk	May (23) RAG	Aug (23) RAG	Target Rating	Path to target risk
1.	Strategic Planning and Commissioning						
1.1	Strategic & People	Medium – Very High	There is a risk that the Edinburgh Integration Joint Board (EIJB) is unable to deliver its strategic objectives.	Very High	Very High	High	
1.2	Strategic & People	Medium – Very High	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	High	Med	
1.3	Financial	Low - High	There is a risk that the NHS Lothian and City of Edinburgh Council cannot deliver delegated services within available budgets.	High	High	High	N/A
2.	Issuing of Directions						
2.1	Strategic	Medium – Very High	There is a risk that NHS Lothian and City of Edinburgh Council do not deliver directions set by the EIJB.	High	High	Med	
3.	Management and Role of the EIJB						
3.1	Strategic	Medium – Very High	There is a risk that the EIJB is unable to operate effectively as a public body.	Med	Med	Low	
3.2	Strategic	Medium – Very High	There is a risk that the EIJB’s workforce strategy is not delivered.	High	High	Med	
3.4	Regulatory	Low	There is a risk that the EIJB has insufficient assurance from assurance providers to support effective delivery of scrutiny responsibilities.	Low	Low	Low	N/A
3.5	Regulatory	Low	There is a risk that the EIJB does not comply with the necessary legislative and regulatory requirements.	Low	Low	Low	N/A

Appendix 2 - Risk Cards

1. Strategic Planning and Commissioning																																																																																									
Risk 1.1	There is a risk that the Edinburgh Integration Joint Board (EIJB) is unable to deliver its strategic objectives.																																																																																								
Strategic Objective: Deliver an affordable, sustainable, and trusted health and social care system for Edinburgh.		Source of objective: <ul style="list-style-type: none"> EIJB Strategic Plan Financial planning undertaken alongside development of strategic plan. Engagement with stakeholders 			Risk Owner - Chief Officer Risk Contributor: Service Director – Strategic Planning (SD-SP)																																																																																				
<p>Current Risk Score</p> <table border="1"> <tr> <td></td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> <td>VH</td> </tr> <tr> <td>Almost Certain</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> </tr> <tr> <td>Likely</td> <td>L</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> </tr> <tr> <td>Possible</td> <td>L</td> <td>M</td> <td>M</td> <td>M</td> <td>H</td> </tr> <tr> <td>Unlikely</td> <td>L</td> <td>L</td> <td>L</td> <td>M</td> <td>M</td> </tr> <tr> <td>Rare</td> <td>Neg</td> <td>Min</td> <td>Mod</td> <td>Maj</td> <td>Ext</td> </tr> <tr> <td>Likelihood</td> <td colspan="5">Consequence</td> </tr> </table>				M	H	H	VH	VH	Almost Certain	M	M	H	H	VH	Likely	L	M	M	H	H	Possible	L	M	M	M	H	Unlikely	L	L	L	M	M	Rare	Neg	Min	Mod	Maj	Ext	Likelihood	Consequence					<p>Target Risk Score</p> <table border="1"> <tr> <td></td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> <td>VH</td> </tr> <tr> <td>Almost Certain</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> </tr> <tr> <td>Likely</td> <td>L</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> </tr> <tr> <td>Possible</td> <td>L</td> <td>M</td> <td>M</td> <td>M</td> <td>H</td> </tr> <tr> <td>Unlikely</td> <td>L</td> <td>L</td> <td>L</td> <td>M</td> <td>M</td> </tr> <tr> <td>Rare</td> <td>Neg</td> <td>Min</td> <td>Mod</td> <td>Maj</td> <td>Ext</td> </tr> <tr> <td>Likelihood</td> <td colspan="5">Consequence</td> </tr> </table>				M	H	H	VH	VH	Almost Certain	M	M	H	H	VH	Likely	L	M	M	H	H	Possible	L	M	M	M	H	Unlikely	L	L	L	M	M	Rare	Neg	Min	Mod	Maj	Ext	Likelihood	Consequence				
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Almost Certain	Extreme	Very High	Aug 2023	Medium to Very High																																																																																					
<p><i>Consequences</i> – Despite the controls in place (including a challenging savings programme), the EIJB is facing a sizeable budget gap (£14m). If partners are not in a position to make additional contributions, the EIJB will have to identify further savings for this year which will result in reduction of services, leading to negative impacts on people. This will also mean a revision of the EIJB strategic plan to ensure alignment between its strategic objectives and financial position. Alongside this, there are significant workforce issues across a range of specialisms which is impacting on service delivery within several areas (nursing, social care, and care at home) and resulting in a range of poor outcomes for people who use our services. As well as these workforce challenges, we are seeing increased level of demand and waits for social care services. There is also a potential delay or non-delivery of key flagship projects to deliver services designed around prevention, community, reducing inequalities, quality and sustainability which will significantly impact on the EIJB strategic plan/objectives. At this time, the consequences of this risk materialising would be extreme.</p> <p><i>Likelihood</i> – Some of the factors highlighted above are already occurring, therefore the likelihood of this risk materialising is almost certain and will be for the EIJB to address in terms of the financial position, workforce challenges and service delivery issues.</p>																																																																																									
Historical Risk Score																																																																																									
																																																																																									
Jan 2021	June 2021	Sept 2021	Feb 2022	March 2022	Sept 2022	Dec 2022	Feb 2023	May 2023	Aug 2023	Target Risk																																																																															
How would this risk happen			What would the potential outcome be?			<ul style="list-style-type: none"> If strategic objectives are not adequately managed, the planned improvements in the health and 																																																																																			

<ul style="list-style-type: none"> • Insufficient resources (finances, workforce, infrastructure, etc.) delegated by the Council and/or NHS Lothian. • Strategic priorities beyond current organisational experience. • Lack of stakeholder support. • Underestimation of the complexity of issues. • Unable to make strategic decisions based on the quality or availability of data available. • Irregular assessment of objectives leading to unidentified impact of operational effectiveness. • New regulations changing direction of travel. • External forces (major incidents) presenting unexpected threats /opportunities (e.g., pandemic). • Impact of Scotland leaving the UK. • Impact of implementation of the National Care Service or similar resulting in a need to change priorities / direction of travel. • Not involving appropriate stakeholders in strategy/policy development. • Insufficient or ineffective representation from third sectors/stakeholders on the EIJB and its committees. • Poor relationships with providers in either the private or third sector. • Failure to make best use of the expertise, experience, and creativity of partners, third sector and private sector. • Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan. 	<p>wellbeing of people in Edinburgh would be negatively impacted.</p> <ul style="list-style-type: none"> • Reputational damage to the EIJB.
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Additional Controls or mitigation strategy to address risk since June 23 A&A Committee

- 22 strategic level indicators have been agreed by Performance and Delivery Committee in February 2023 for reporting progress in achievement of EIJB strategic objectives. A refreshed performance report was developed around these indicators and presented for the first time at the Performance and Delivery Committee in August 2023.
- Chair has written to Cabinet Secretary to highlight the issue of the budget gap and potential consequences for service delivery.
- Development of the medium-term financial strategy (MTFS) is underway to ensure financial sustainability over the next three years.
- Work with the Capital City Partnership (CCP) continues to look at ways to promote health and care as a career path.
- Improvement plan to address the findings of the care inspectorate reports has been agreed.
- Change and workforce boards established to provide governance oversight and scrutiny. First meeting of the change board will take place in August and the workforce board in September.

What are we doing to currently manage the risk? (Controls in place)

Key Control/s		Level of Control		
Reporting controls				
1.	Weekly System Pressures meetings, Whole System Oversight Board, and support from Scottish Government in place to manage ongoing system pressures. Risks considered, reviewed, and escalated as appropriate.	1 & 3		
2.	Regular engagement meetings with partners (EIJ, CEC Head of Finance, NHS Lothian Director of Finance, Chief Executives from both Council and NHS Lothian) to monitor performance, strategic direction and to foster good relationships and better understanding of partner organisation perspectives.	2		
3.	Risks and potential approaches are highlighted to EIJB Chair & Vice Chair at regular 1:1s with Chief Officer.	1&2		
4.	EIJ Risk Management Policy in place and regular reporting to the AAC & EIJB (6 monthly)	1		
Budget controls				
5.	Development of Medium Term Financial Strategy to achieve financial sustainability	1		
6.	Budget Working Group continues to meet to scrutinise budget saving proposals.	1		
Workforce controls				
7.	A range of activity continues to increase the social care workforce, including active ongoing recruitment of key frontline posts.	1		
Service improvement / delivery controls				
8.	Programme management support in place to support the innovation and sustainability programme (which includes bed based review, community mobilisation projects).	1		
9.	Use of interim beds to support flow within the acute setting where this in an individual's best interest.	1		
10.	Development of the care at home procurement exercise and market shaping work involving a range of care at home providers which will make best use of the market.	1		
11.	Joint Strategic Needs Assessment (JSNA) is in place to ensure the EIJB strategic plan reflects the population needs and takes account of key areas that will affect the EIJB, including poverty, and dementia).	1		
12.	Establishment of a daily data driven Command Centre to drive forward immediate/short-term change that increases capacity of internal homecare service.	1		
13.	A range of third sector providers and key stakeholders are involved in shaping the future bed-base strategy / review and community mobilisation transformation project.	1		
Performance controls				
14.	Governance arrangement for financial plan is in place and will be aligned to the strategic plan.	2		
15.	Regular reporting of directions (which includes SMART targets) to Performance and Delivery Committee.	2		
16.	Performance Framework developed to measure performance against our strategic plan.	1		
17.	The publication of the 2020/21 annual performance report provides assurance on progress with key EIJB strategic objectives contained within the Strategic Plan.	1		
18.	Performance against EIJB strategic objectives is regularly reported to the Performance and Delivery Committee and annually to the EIJB.	2		
Additional controls or actions needed to manage this risk / achieve target risk.		Action Owner	Delivery Date	Update
1.	Continuing development of the performance framework in line with the production of the refreshed Strategic Plan. It continues to be developed through the P&D Committee.	SD-SP	Dec 2023	The publication of the strategic plan has been delayed ensuring

				alignment with the MTFs and the developing improvement plan.
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1. Strategic Planning and Commissioning

Risk 1.2 There is a risk that the EIJB is not able to influence decision-making over delegated services that are not managed by the Partnership.

<p>Objective: Ensure that the Edinburgh element of delegated Pan-Lothian services are delivered in line with EIJB’s Directions.</p>	<p>Source of objective:</p> <ul style="list-style-type: none"> • EIJB Directions • Integration Scheme • EIJB Strategic Plan • Financial Plan • Annual Performance Report • Review of Directions 	<p>Risk Owner: Chief Officer</p> <p>Risk Contributor: Service Director – Strategic Planning (SD-SP)</p>
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Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequence						Consequence							

Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Likely	Moderate	High	Aug 2023	Medium to Very High

Likelihood – Gaps remain in how the EIJB plans for hosted and set aside services, therefore the likelihood of this risk materialising is likely.

Consequence - Planning resource aimed at hosted and set aside services are currently in place but limited. Consequence is considered moderate.



<p>How would this risk happen?</p> <ul style="list-style-type: none"> • Conflicting priorities between managers of services and EIJB requirements/Directions. • Conflicting priorities between Mid, East, West Lothian, and Edinburgh IJB. • Unclear communication between relevant parties. • Lack of clarity in Directions. • Impact of external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). 	<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> • Outcome for people in Edinburgh are poorer. • Resources are not the right place to deliver the EIJBs objectives. • Pathways are confused due the different requirements of four EIJBs.
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<ul style="list-style-type: none"> Impact of implementing the National Care Service or similar on financial planning. 				
Additional Controls or mitigation strategy to address risk since June 23 A&A Committee				
<ul style="list-style-type: none"> Discussion at COs ToR agreed for internal audit of hosted services Draft of strategic plan considered at the Strategic Planning Group in Aug 23 Annual review of directions agreed by the IJB in Aug 23 				
What are we doing to currently manage the risk? (Controls in place)				Level of Control
1.	Consultation on the new strategic plan is in place and will be shared with a wide range of stakeholders which will include set aside and hosted services.			1
2.	Regular (monthly) Chief Officer meetings attended by all four EIJBs and officers from NHS Lothian provide a forum to reach consensus, influence delegated services and raise any relevant issues.			2
3.	Lothian Strategic Framework in place which sets out how the health and care service in Lothian will be set out over the next five years.			1
4.	Specific service forums are in place to consider and agree major service changes which impact on more than one EIJB.			1
5.	EIJB Directions Policy in place (with directions template). Directions monitored via Performance and Delivery Committee, with annual review. Last undertaken on 9 August 22 and due for review in June 2023.			2
6.	Financial reporting mechanisms in place for hosted and set aside services and reported to EIJB regularly.			2
7.	Programme Recovery Board for Unscheduled care and Mental Health and Learning Disability Services have been established by NHS Lothian. These groups have cross cutting representation and are chaired by EIJB Chief Officers.			2
8.	Budget Setting Protocol agreed by EIJB, NHS Lothian and the Council in place which will have an impact on Directions set by the EIJB in line with strategic intentions.			1
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Implications for hosted and set aside services still to be worked through as part of savings and recovery options development.	SD-SP	Ongoing	Ongoing
2.	Structural gaps in hosted and set aside services planning to be addressed through the Partnership's new management structure.	CO	Jan 2024	Partners have committed to working with Interim CO to prioritise the work required to deliver the new structure. Dedicated senior resource and leadership is now in place.

1. Strategic Planning and Commissioning

Risk 1.3

There is a risk that the NHS Lothian and City of Edinburgh Council cannot deliver delegated services within available budgets.

Objective:

Using available resources to deliver an affordable and sustainable health and care service for the people of Edinburgh.

Source of objective:

- EIJB Strategic Plan
- Financial Plan & regular updates
- Annual Performance Report

Risk Owner:

Chief Officer

Risk Contributor

Chief Finance Officer (CFO) & Service Director – Strategic Planning (SD-SP)

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Almost Certain	Major	High	Aug 2023	Low – High

Consequences – The EIJB continues to deliver operational services however some are not delivering services within budget. Further, the which is having an impact on the current budget gap; therefore, partners will be unable to deliver delegated services within available budgets in some areas and this will have the following impacts in some areas: unsatisfactory experience with health ad care services across a large proportion of delegated services, significant overruns in relation to strategic projects, several workforce gaps across a range of services and a significant budget gap. However, there are controls in place and some services are operating, therefore the consequences of this risk materialising are **major**.

Likelihood - Services continue to overspend to deliver delegated services, and work is ongoing to develop a savings a recovery programme which includes proposals which reduces services; therefore, this risk is almost certain to occur in the next six months.

Historical Risk Score



How would this risk happen?

- In year reduction in funding due to need of Council and/or NHS Lothian requirement to balance their overall budgets.

What would the potential outcome be?

- Reprioritising spending.
- Strengthen budgetary control.

<ul style="list-style-type: none"> • Unanticipated increase in costs of delegated services. • Failure to deliver agreed savings programmes. • Poor budget management. • Unanticipated financial impacts, other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). • Unable to make strategic decisions based on the quality or availability of financial data available. • Impact of Scotland leaving the UK. • Impact of the development and implementation of the National Care Service (NCS) 	<ul style="list-style-type: none"> • Identify additional savings and recovery schemes. • Fail to maximise outcomes for people in Edinburgh. • Short term decision making to balance budget which compromises longer term objectives and increases costs in the longer term.
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Additional controls or mitigation strategy to address risk since June 23 A&A Committee

- Initial report on financial position for 2023/24 presented to the EIJB in August. This confirmed that, with the exception of the outstanding budget gap, overall delegated services are projected to be delivered within budget.
- Medium Term Financial Strategy being progressed and will be presented to the EIJB by December 2023.
- Change programme developed which pulls together the MTFs, the improvement programme for adult social care services and the innovation and sustainability programme into one consolidated programme of work.
- Initial budget working group for 2024/25 financial planning held in August 2023.
- Ongoing discussions with the Chief Executives and Finance Director/Head of Finance from partner organisations.

What are we doing to currently manage the risk? (Controls in place) **Level of Control**

What are we doing to currently manage the risk? (Controls in place)		Level of Control
1.	Additional resource to support Chief Finance Officer in place and Transformation and Recovery Director has held 100+ individual interviews to inform the 23/24 savings and recovery programme.	2
2.	Continued development of the Medium Term Financial Strategy which will help to move to a financially sustainable future.	1
3.	Development of new performance framework has started in line with the production of the refreshed Strategic Plan to ensure decisions are supported by accurate quantitative and qualitative data. It continues to be developed through the P&D Committee.	1
4.	Performance and Delivery Committee scrutinise financial performance. Approach to monitoring progress with savings and recovery plan agreed with P&D.	2
5.	Chief Finance Officer supported by Council and NHS Lothian finance teams agreed financial objectives/priorities for the year with key stakeholders.	1
6.	Finance is a standing item on the EIJB agenda. Latest update to Feb EIJB with regular reporting to Partnership Executive Team and governance forums within CEC & NHSL.	2
7.	EIJB Budget Working group in place to support the EIJB budget setting process.	2
8.	Operational financial monitoring undertaken monthly by both NHS Lothian and the Council with regular dialogue between finance teams and operational budget holders.	1
9.	Savings Governance Framework in place in line.	1
10.	Partnership Savings Governance Group chaired by Chief Officer meets monthly to scrutinise progress against the savings and recovery programme.	2
11.	Regular tripartite meetings in place. Attended by: CO, CFO CEC Head of Finance, NHS Lothian Head of Finance), to ensure shared understanding and ownership of financial position	2
12.	Financial performance of Partnership services scrutinised at joint performance review meetings with Council Chief Executive and NHS Lothian Deputy Chief Executive.	2
13.	Innovation and Sustainability Programme agreed with Learning Disabilities agreed as first project for a focus.	1



14.	Financial reporting mechanisms in place and will be monitored through Performance and Delivery and Audit and Assurance Committee.			2
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Enhanced performance management framework, linking finance, activity etc, being developed.	CFO	June 23	This action will be picked up in MTFS.
2.	Medium Term Financial Strategy (MTFS) being further developed.	CFO	Dec 23	Initial output will be presented to EIJB in June 23

2. Issuing of Directions

Risk 2.1 **There is a risk that NHS Lothian and City of Edinburgh Council do not deliver directions set by the EIJB.**

Objective: Clear, concise, and measurable directions in place which cover all services, and which are routinely monitored with corrective action taken where necessary.	Source of objective: <ul style="list-style-type: none"> EIJB directions policy, EIJB directions, Directions tracker Strategic Plan 	Risk Owner: Chief Officer Risk Contributor: Service Director – Strategic Planning (SD-SP)
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Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequence						Consequence							

Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Major	High	Aug 2023	Medium – Very High

Consequences – if partners do not deliver the directions set by the EIJB, even with the controls in place, there could be major consequences, including the EIJB having to review its Strategic Plan / strategic objectives which may have a negative impact on people (e.g., longer waits for services, services not achieving performance targets set, deteriorating performance), result in non-delivery of strategic projects or detrimental financial implications for the EIJB, therefore there are **major** consequences for the EIJB if this risk materialises.

Likelihood - Although much progress has been made in respect of the directions policy and approach, further work is required to ensure that directions are clearly articulated, particularly in terms of performance measures, therefore the likelihood of this risk materialising is **possible**.

Historical Risk Score



How would this risk happen? <ul style="list-style-type: none"> Because directions are not well-articulated/properly understood/realistic/achievable/not SMART performance targets or issued timeously. Directions are not implemented by partners as intended because of conflicting priorities. Directions are not tracked/monitored/implemented due to lack of available performance data, or the quality of data is poor. 	What would the potential outcome be? <ul style="list-style-type: none"> Failure to deliver delegated services in line with strategic objectives. Overspends against delegated budgets. Consequential impact on outcomes for the people of Edinburgh.
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Additional Controls or mitigation strategy to address risk since June 23 A&A Committee

- Revised directions policy agreed by EIJB in Aug 2023.
- Annual review of directions 2023 report presented to EIJB in Aug 2023.
- Engaging with Scottish Government officials continues, as they are refocusing on directions.

What are we doing to currently manage the risk? (Controls in place)				Level of Control
1.	Directions Policy in place with annual review of directions undertaken with new template in place. Annual Review undertaken in April 2023. Directions are required for any service changes agreed by the EIJB.			2
2.	Regular monitoring of directions via the Performance and Delivery Committee.			2
3.	Directions policy is flexible in that Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.			1
Additional controls or actions needed to manage this risk – reduce to target risk level		Action Owner	Delivery Date	Update
1.	Ongoing refinement of directions and expansion to cover wider range of delegated services.	SD-SP	Ongoing	Ongoing
2.	Directions to be considered/formulated as part of the developing the new Strategic Plan.	SD-SP	Dec 2023	The strategic plan has been delayed to December to ensure aligned with the work on the MTFS & improvement programme – adult social care.

3. Management and Role of the EIJB

Risk 3.1 There is a risk that the EIJB is unable to operate effectively as a public body.

<p>Objective: EIJB is responsible for the strategic oversight and planning of delegated services.</p>	<p>Source of objective:</p> <ul style="list-style-type: none"> Public Bodies (Joint Working) (Scotland) Act 2014. Code of Conduct. Compliance with Good Governance Handbook principles. Compliance with EIJB regulations and legislation. Scheme of Integration. Strategic Plan. 	<p>Risk Owner: Chief Officer</p>
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Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
	Neg	Min	Mod	Maj	Ext		Neg	Min	Mod	Maj	Ext		
	Consequence						Consequence						

Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Moderate	Medium	Aug 2023	Medium – Very High

Consequence – if the EIJB is unable to operate as a public body due to a range of causes undernoted and controls don't operate as expected, there would be moderate consequences which may include complaints being made by people who use services or about the operation of the EIJB as a separate body, reputational damage, regulatory or legal sanction or poor assurance reports from scrutiny bodies.

Likelihood – The EIJB does not own buildings, assets or employ staff directly and is solely reliant on the resource allocated via NHS Lothian and City of Edinburgh Council. The EIJB has been operational since 2014 and to date has operated as a public body, however recognising that there could be more regulatory and legislative requirements for public bodies and there are always ways in which to improve its governance arrangements, it is **possible** this risk could materialise over the next three years, especially if the plan to transition IJBs to Care Boards as proposed in the National Care Service Bill goes forward.

Current Risk Score & Risk Appetite



<p>How would this risk happen?</p> <ul style="list-style-type: none"> Board Members lack the necessary skills, knowledge, and experience to undertake their role. Board Members unclear about their role as an EIJB member (i.e., code of conduct, integration scheme). 	<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> Failure to deliver the benefits of integration. Duplication or contradictory of decision making. Gaps in decision making. Poorer outcomes for the people of Edinburgh.
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<ul style="list-style-type: none"> • A lack of clarity about the separate roles of the EIJB, Partnership, Council and NHS Lothian. • Lack of public identity/understanding of the EIJB. • EIJB governance arrangements are unclear. • Failure to engage and collaborate appropriately with third, independent and housing sectors and other parties. • Insufficient or ineffective representation from third sectors / stakeholders on the EIJB and its committees. • Failure to make best use of the expertise, experience, and creativity of third sector and private sector. • Officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated EIJB functions. • EIJB doesn't have an appropriate level of infrastructure delegated from NHS Lothian and the City of Edinburgh Council to operate effectively. • NHS Lothian and the Council are unable to meet their obligations to provide adequate professional, administrative, and technical support. • specialist resources / knowledge skills not dedicated to the EIJB (e.g., health planning, project management, resourcing). • There is a lack of key data sets or the level of data available is of a poor quality hampering the ability to make robust / informed decisions based on the data sets available. 	<ul style="list-style-type: none"> • Failures in governance, scrutiny, and performance arrangements. • Compromised efficiency of the EIJB. • Ability to deliver change at desired pace.
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Additional Controls or mitigation strategy to address risk since June 23 A&A Committee

- Committee terms of reference have been/or in the process of being reviewed which includes a review of the regulatory and legislative log.
- Annual assurance process for 22/23 nearing conclusion. AAC will consider assurance from other EIJB sub committees at its meeting in Sept.
- Regular Chief Officer report has been introduced to strengthen communications between the board and the executive team.
- Work is ongoing to develop the EIJB governance and its interface with Council and NHSL committees and making this more robust.

What are we doing to currently manage the risk? (Controls in place)

What are we doing to currently manage the risk? (Controls in place)		Level of Control
1.	Regular development sessions in place for EIJB members.	1
2.	Committee Assurance process in place undertaken by committee members.	1
3.	Range of committee development session held to build knowledge and understanding of key subject areas.	1
4.	Annual review of the EIJB regulatory and legislative log to ensure the EIJB is compliant.	1
5.	EIJB policy register in place and managed by Operations Manager	1

6.	Induction programme in place for new EIJB members as well as new CEC Elected Member emphasising the interdependencies between CEC, NHSL, EIJB.	1		
7.	The third, independent and housing sectors are represented on EIJB committees and are involved in the development of the strategic plan and have an integral role as the plan is implemented.	1		
8.	Annual review of the EIJB support arrangements to ensure EIJB can fulfil its statutory and legislative obligations, with an annual report presented to Audit and Assurance Committee.	1		
9.	Carer and service user representatives are members of the Board and its committees to ensure we are compliant with legislation.	1		
10.	Members are advised that they can meet with Partnership Officers/ report owners prior to meetings to discuss the report content.	1		
11.	Board members chair committees which should broaden members knowledge, understanding, and decision making.	1		
12.	EIJB Standing Orders / Code of Conduct in place.	1		
13.	'Declaration of Interest' - members are responsible for declaring certain interest in EIJB proceedings.	1		
14.	The Chief Officer is a member of the senior management teams in both NHS Lothian and The City of Edinburgh Council, thus in a position to influence decision-making and has regular 1:1's with both partner Chief Executives.	1		
15.	Performance framework in place and work continues to refine the data sets.	1		
16.	EIJB has invested in programme management and data analytical support recognising this is required to support the EIJB	1		
17.	Workforce strategy will include planning for those roles that support the EIJB as well as operational staff.	1		
18.	Additional resource in place to support the EIJB in performance and strategic activity.	1		
19.	Performance Framework approved at Performance and Delivery Committee which will help develop better data sets to inform decision making and allow the EIJB to make the best use of resources available.	1		
20.	Support requirements required to support the EIJB has been undertaken and is reviewed on an annual basis and/or when new legislation related to Public Bodies is enacted.	1		
21.	Integration Scheme has been reviewed by partners and with Scottish Government for sign off.	1		
22.	Comprehensive audit plan in place to understand the quantum of risk to the EIJB.	1		
23.	Innovation and Sustainability team is in place to deliver on key EIJB strategic projects.	1		
24.	Process in place for legal conflicts of interest.	1		
25.	The EIJB Chair monitors the quality of the debates and if necessary, will ask the Chief Officer for additional information if the subject matter requires further clarification for members.	1		
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Undertake a board training needs analysis.	OM	Dec 2023	Initial induction sessions have been undertaken but recognising that induction (including training and development) will run over a longer period.

3. Management and Role of the EIJB

Risk 3.2 There is a risk that the EIJB's workforce strategy is not delivered.

Objective: Matching future service demand with future workforce supply.	Source of objective: <ul style="list-style-type: none"> Strategic Plan. National Integrated Health and Social Care Workforce Plan and Associated Guidance, Workforce Strategy 	Risk Owner: Chief Officer Risk Contributor: Chief Nurse
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Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequence						Consequence							

Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Likely	Major	High	May 2023	Medium Very High

Consequences – With the controls in place, there remains several workforce challenges across a range of services (e.g., nursing, care at home, social work, and social care vacancies) which is leading to service delivery issues in some areas, including individuals not getting a service, or having to wait longer for services and complaints about a lack of service in some areas (e.g., care packages). Also, roles within health and care roles are not seen as an attractive career path for many. There also remains difficulties attracting and retaining staff, and this combined with an ageing workforce is causing workforce challenges. Taking all these things into consideration, the consequences of this risk materialising remain **major**.

Likelihood – At this time, it is **likely** that this risk will materialise in the next 12 months.

Historical Risk Score



<p>How would this risk happen?</p> <ul style="list-style-type: none"> Lack of a Workforce Plan. Lack of a Workforce Strategy. Lack of capacity and capability to lead on workforce and workforce planning at a local level. Lack of consultation with key stakeholders. Added complexities from unanticipated workforce impacts other external forces such as new regulations; unexpected 	<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> Inability to deliver against strategic priorities. Additional pressures on financial budgets due to unanticipated increase in staffing pressures (e.g., costs, vacancies, agency costs, etc.). Poorer outcomes for people of Edinburgh. Negative perception of EHSCP as an employer.
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<p>threats or opportunities; and major incidents (e.g., pandemic).</p> <ul style="list-style-type: none"> • New workforce policies or other workforce impacts related to the UK leaving the EU or Scotland leaving the UK. • Poor horizon scanning. • Impact of COVID-19 pandemic. 	
<p>Additional Controls or mitigation strategy to address risk since June 23 A&A Committee</p>	
<ul style="list-style-type: none"> • A review of the Governance arrangements to support both the delivery of the workforce strategy and the workforce plan agreed. • Workforce Board, with representation from unions/partnership, HR and professional leads established with first meeting held in Aug 23. • Review of effectiveness of work led by Capital City Partnership to look at ways to promote health and care as a career path undertaken. 	
<p>What are we doing to currently manage the risk? (Controls in place)</p>	
<p>1.</p>	<p>Workforce Strategy Steering Group led by Executive Leads and Trade Union/ Partnership reps.</p>
<p>2.</p>	<p>3 High Level strategic categories identified, these being:</p> <ul style="list-style-type: none"> • Health, Wellbeing, Culture & Identity • Workforce Capacity and Transformation • Leadership & Development <p>Within these broad categories, 3 specific areas of interest have been noted for further focus by the Steering Group, these being:</p> <ul style="list-style-type: none"> • Supervision & Support • Workforce Plan • Visible Leadership <p>A further review of governance arrangements is currently being considered in support of this important work</p>
<p>3.</p>	<p>Workforce plan is being refined for submission to the Scottish Government. Areas of focus include social work and AHPs.</p>
<p>4.</p>	<p>A workforce data mapping exercise is being undertaken so that standard reports can be provided to support subsequent recruitment and retention activity. This will help drive data led decision making and planning.</p>
<p>5.</p>	<p>Work has started with partners to look at streamlining processes whilst ensuring appropriate safeguards.</p>
<p>6.</p>	<p>Capital City Partnership continues to promote health and care roles with a range of open days planned.</p>
<p>7.</p>	<p>Recruitment position across key areas is monitored regularly, alongside several activities to increase recruitment and retention.</p>
<p>8.</p>	<p>Regular engagement occurs with private providers in relation to workforce issues.</p>
<p>9.</p>	<p>Engagement with Partnership's Wider Leadership Team has taken place to shape engagement strategy with workforce as well as with colleagues in CEC and NHSL.</p>
<p>10.</p>	<p>A range of initiatives are being undertaken to improve attraction and retention of workforce across the Partnership to address workforce challenges.</p>

11.	Whole System Oversight Board in place to resolve any issues, and blockages in the system, including any recruitment challenges in terms of process etc.			2
12.	Additional £300m used to address workforce issues within the Partnership and maximise homecare capacity.			1
13.	Working closely with colleagues in partner organisations and utilising local and national networks.			1
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Delivery of EHSCP Workforce Plan.	Chief Nurse	Dec 2023	Deadline extended in discussion with Scottish Government to allow additional detail relating to specific staff groups
2.	Review capacity to undertake EIJB workforce planning.	Chief Nurse	Dec 2023	Discussions are ongoing but are impacted by current resource challenges

Appendix 3 – Risk Appetite Statement

The Edinburgh Integration Joint Board (EIJB) recognises that long-term sustainability is essential to improve health and care outcomes for the population of Edinburgh and it depends on the achievement of our strategic objectives which will require us to take some risks. It may include us taking risks with our partners to ensure ambitious and innovative approaches to deliver health and care services for the population of Edinburgh.

The EIJB will adopt an overall **Eager** approach to risk taking and be innovative and chose options which deliver first class health and care services and may carry greater risk to achieve delivery where the long term benefits would outweigh any short term losses.

Undernoted are the risk levels for six key areas of risk facing the EIJB:

- a) **Strategic Planning** - we have an **eager** approach to risks that will support delivery of the EIJB's strategic priorities through the development of innovative and transformational health and care models which will deliver long term benefits that may outweigh any short term losses.
- b) **Financial** - The EIJB have an **eager** approach to risk where the EIJB will invest for the best possible return in innovation and accept the possibility of increased risk which deliver health and care services that meet the needs of the population of Edinburgh.
- c) **Service delivery** - we have an **eager** approach to risk that will allow innovation and creativity to support new ways of designing and delivering services and improving outcomes.
- d) **People** – the EIJB have an **eager** approach to risks that will address the workforce challenges highlighted in the EIJB's workforce plan. It will help us deliver our strategic objectives set out in the Strategic Plan and support partners to attract, recruit, and retain the right people with the right skills in the right place through innovative and transformational approaches to recruitment and retention.
- e) **Regulation and Legislation** - The EIJB will seek to have a **minimal** approach to risks that could impact negatively on the health and care outcomes and safety of individuals who use our services or meet our IJB legal and statutory obligations.
- f) **Reputational** - The EIJB will take an **open** approach to risks that may result in any undue risk of adverse publicity, risk of damage to its reputation and any risks that may impact on our ability to demonstrate high standards of probity and accountability if there is the potential for improved outcomes for people who use our services.

Risks will be considered in the context of the six risk appetite statements (undernoted), the EIJB's risk tolerance and where assurance is provided that

appropriate controls are in place, and these are robust.

Risk appetite levels

Strategic Planning

The EIJB aim to commission services of the highest quality for the residents of Edinburgh and will only achieve this by having a **very high appetite** towards risk and encourage innovation, creativity, and courage to meet the strategic challenges faced in Edinburgh. The EIJB supports the taking of calculated and well thought through risk taking to achieve positive outcomes and improve service delivery, quality and delivering transformational services which supports the outcomes of the strategic plan. The EIJB has a very high appetite to strategically move toward prevention and early intervention in the context of transformation and sustainability and there is a clear commitment to encouraging the workforce to develop and deliver safe and quality health and care services.

Financial

The partnership has **very high risk appetite** in relation to financial sustainability and value for money. The EIJB should set a balanced budget and achieve financial sustainability, however it recognises that to deliver significant transformational change and think about the totality of finances differently means the EIJB will invest for the best possible return / outcomes and accept the possibility of increased financial risk where the outcome/s are:

- a shift to early intervention
- delivery of transformational changes
- a more efficient organisation
- sustainable services

Service Delivery

The EIJB has a **very high risk appetite** towards risk and wishes to drive a culture of innovation and creativity to foster new ways of designing and delivering services and improving outcomes and moving to prevention and early intervention. It supports calculated risk taking and utilising all the resources available to achieve the best possible outcome, whilst ensuring compliance with regulation and legislation. Safe delivery of health and care services is a priority for the EIJB with a **low risk appetite** for risk/s relating to the safety of individuals using our service or our staff.

People

The EIJB has a very **high risk appetite** for addressing workforce challenges in relation to delivering the EIJB Workforce Plan. The EIJB want to attract, recruit, and retain the right people with the right skills in the right place and wishes to pursue innovative approaches to recruitment and retention in collaboration with partners. The EIJB is willing to take calculated risk where the outcomes may have implications for the workforce, but it could improve the skills and capabilities of our staff and deliver a more efficient and / or sustainable health and care service. We recognise that innovation is likely to be disruptive in the short term. There is a **low appetite** for risk related to the safety of supported people or the workforce.

Regulation and legislative requirements

The EIJB has a **low risk appetite** and is committed to compliance with relevant legislation, regulation, sector codes and standards as well as internal policies and sound corporate governance principles. There is a low appetite for risks related to the safety of individuals who use our services or the workforce. This is coupled with a full commitment to partnership with trade unions, ethical standards and staff governance standards and a **low risk appetite** for risks to these principles.

Reputational

The EIJB has a **moderate risk appetite** and will only accept risks to reputation of the EIJB where this is likely to deliver on the EIJB objectives / strategic priorities, and the short term reputational risk will be out weighted by the longer term benefits for individuals who use our services.

In view of the changing landscape, the EIJB's risk appetite will not necessarily remain static. There are six risk levels which give a range of statements that specific key measures and these are mapped to risk appetite statements which the EJB will use. The EIJB should review their risk appetite on a frequent basis at least annually and vary the amount of risk it is prepared to take, depending on the circumstances at the time.

Risk Level	Adverse Avoidance of risk and uncertainty is a key objective.	Minimal Preference for very safe delivery options that have a low degree of risk and a limited reward potential.	Cautious Preference for safe delivery options that have a low degree of risk and only limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager Eager to be innovated and chose options offering higher business rewards (despite greater risk).	Significant Confident in setting high levels of risk appetite because of controls forward scanning and responsiveness systems are robust.
Key Elements						
Appetite	None	Low	Moderate	High	Very High	
Strategic Planning How do we do business ?	Defensive approach to delivery of strategic planning, maintain and protect strategic delivery rather than innovate.	Guiding principles in place that limit risk in pursuit of strategic aims / priorities. Innovation largely avoided unless essential. Organisational strategy is refreshed at 5+ intervals.	Guiding principles in place that minimise risk in pursuit of EIJB strategic priorities. Tendency to stick to the current state, innovation generally avoided unless necessary. EIJB strategy is refreshed at 4-5 year intervals.	Guiding principles in place that allow considered risk taken in pursuit of EIJB strategic priorities. Innovation supported with clear demonstrative benefits / improvement. EIJB strategy is refreshed at 3-4 year intervals.	Guiding principles in place that are receptive to considered risk in pursuit of EIJB strategic priorities. Innovation pursued - desire to break the mould and challenge current practices. EIJB strategy is refreshed at 2-3 year intervals.	Guiding principles in place that welcome considered risk taking in pursuit of EIJB strategic priorities. Innovation actively encouraged / pursued and desire to do things differently seen as the norm. EIJB strategy is refreshed at 1 year intervals.
Financial How will we use our resources ?	No appetite for decisions of actions that may result in financial loss.	Willing to accept the possibility of very limited financial risk. Budgets focus on value for money (VFM) and balanced budget / financial sustainability and aligned to key priorities.	Prepared to accept the possibility of limited financial risk. However primary focus is on VFM. Balanced budget and strong financial management in place and aligned to key priorities.	Prepared to accept some financial risk if appropriate controls are in place & clear understanding about VFM/ but it is not the overriding factor. Willing to invest in transformation and innovative programmes to increase efficiency and effectiveness and achieve financial sustainability. Seeks to identify robust and proactive approach to managing and identifying resources.	The EIJB will invest for the best possible return in innovation and transformation and accept the possibility of increased financial risk to achieve financial sustainability.	The EIJB will consistently invest in the best possible return to achieve its strategic objectives, recognising that the achievement of those will outweigh the risks. There is a strong commitment for greater risk appetite in shifting towards earlier intervention and doing things differently to deliver digital opportunities, transformation, and sustainability.

Risk Level	Adverse Avoidance of risk and uncertainty is a key objective.	Minimal Preference for very safe delivery options that have a low degree of risk and a limited reward potential.	Cautious Preference for safe delivery options that have a low degree of risk and only limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager Eager to be innovated and chose options offering higher business rewards (despite greater risk).	Significant Confident in setting high levels of risk appetite because of controls forward scanning and responsiveness systems are robust.
Key Elements	None	Low	Moderate	High	Very High	
Legislation & Regulation How will we be perceived by our regulators?	No appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	Avoid any decision that may result in challenge by statutory or regulatory bodies unless essential.	Prepared to accept the possibility of limited legislative or regulatory challenge. We would seek to understand where similar actions had been similar in other areas before taking any decisions.	Prepared to accept the possibility of some legislative or regulatory challenge if we are reasonably confident that we would be able to challenge this successfully.	We are willing to take decisions that will result in legislative or regulatory intervention if we can justify these and where the benefits outweigh the risk.	We are comfortable challenging legislative or regulatory practice. We have significant appetite for challenging the status quo to improve outcomes for people.
Service Delivery & Quality How will we deliver quality health and care services?	No appetite for decisions that may have an uncertain impact on service delivery or service quality outcomes.	Avoid anything that may impact on service delivery or quality outcomes unless essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on service delivery or quality where there is a low degree of risk and the possibility of improved outcomes for people and appropriate controls are in place. We will take calculated risks to achieve positive service outcomes and improving service / service quality.	Prepared to accept the possibility of a short-term impact on service delivery or quality outcomes where there is a potential for longer-term rewards. We support innovative approaches to services to meet positive services outcomes and transformational programmes.	Pursue innovation wherever appropriate. We are willing to take decisions on service delivery or quality where there may be higher risks but the potential for significant long term gains. The EIJB will take innovative approaches, test new ways of working alongside calculated risk/s.	Seek to lead the way and will prioritise new innovations, even in emerging fields. We consistently challenge current working practices to drive service delivery and / or quality improvement.
Reputational	No appetite for decisions that could	Our appetite for risk taking is limited to those events	We are prepared to accept the possibility of	Prepared to accept the possibility of some	Willing to take decisions that are likely to bring scrutiny of	Comfortable to take decisions that may expose the EIJB to

Page 228

Risk Level	Adverse	Minimal	Cautious	Open	Eager	Significant
Key Elements	Avoidance of risk and uncertainty is a key objective.	Preference for very safe delivery options that have a low degree of risk and a limited reward potential.	Preference for safe delivery options that have a low degree of risk and only limited potential for reward.	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager to be innovated and chose options offering higher business rewards (despite greater risk).	Confident in setting high levels of risk appetite because of controls forward scanning and responsiveness systems are robust.
Appetite	None	Low	Moderate	High	Very High	
How are well perceived by the public & our partners?	lead to additional scrutiny or attention on the EIJB.	where there are no chances of significant repercussions.	limited reputational risk if appropriate controls are in place to limit the fallout.	reputational risk if there is the potential for improved outcomes for people who use our services.	the EIJB. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for people who use our services.
People How will we be perceived by staff?	No appetite for decisions that could have a negative impact on our workforce development, recruitment, and retention. Sustainability is our primary interest.	Avoid all risks relating to the health and care workforce unless essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if they are established and proven to be effective elsewhere.	Prepared to take limited risks with regards to the workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	Prepared to accept the possibility of some workforce risk, as a direct result from innovation if there is the potential for improved recruitment and retention and developmental opportunities for staff. The EIJB will be innovative in identifying recruitment and marketing opportunities including attracting people into the health and care sector.	Pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but with the possibility of long term gains. The EIJB will seek to encourage and maximise opportunities attract and retain talent in health and care services.	Seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive positive change.

Risk Appetite: Low							
Likelihood	1	5	10	15	20	25	Demonstrates that if the risk appetite is 'low' , a risk score of between 1-3 and the range of associated outcomes (as above) is within appetite.
	2	4	8	12	16	20	
	3	3	6	9	12	15	
	4	2	4	6	8	10	
	5	1	2	3	4	5	
		1	2	3	4	5	
Impact							
Risk Appetite: Moderate							
Likelihood	1	5	10	15	20	25	Demonstrates that if the risk appetite is 'Moderate' , a risk score of between 4-9 and the range of associated outcomes (as above) is within appetite.
	2	4	8	12	16	20	
	3	3	6	9	12	15	
	4	2	4	6	8	10	
	5	1	2	3	4	5	
		1	2	3	4	5	
Impact							
Risk Appetite: High							
Likelihood	1	5	10	15	20	25	Demonstrates that if the risk appetite is 'High' a risk score of between 10 – 16 and the range of associated outcomes (as above) is within appetite.
	2	4	8	12	16	20	
	3	3	6	9	12	15	
	4	2	4	6	8	10	
	5	1	2	3	4	5	
		1	2	3	4	5	
Impact							

Risk Appetite: Very High		Demonstrates that if the risk appetite is 'Very High', a risk score of between 20-25 and the range of associated outcomes (as above) is within appetite.				
Likelihood	1	5	10	15	20	25
	2	4	8	12	16	20
	3	3	6	9	12	15
	4	2	4	6	8	10
	5	1	2	3	4	5
		1	2	3	4	5
		Impact				

Appendix 4 – Risk Matrix Rationale

Appendix 2 – Risk Matrix rationale					
Consequences of risk occurring					
Category	Negligible	Minor	Moderate	Major	Extreme
Experience / delivery of health and care services delegated by the EIJB	<p>1. Unsatisfactory experience with health and care services across more than 10% of services. This may be categorised as:</p> <ul style="list-style-type: none"> • Waiting for a service or assessment more than KPI / target across 10% of services. • Negative service outcomes reported (10%). • Delegated services not achieving key performance indicators for service delivery. • Temporary loss of delegated services. • Disruption to delegated services. • Delegated services in the main can function. <p>Complaints</p> <ul style="list-style-type: none"> • Locally resolved complaint about a decision of the EIJB in 	<p>1. Unsatisfactory experience with health and care services across more than 25% of services. This may be categorised as:</p> <ul style="list-style-type: none"> • Waiting for a service or assessment more than KPI / target across 25% services. • Negative service outcomes reported across a small number of services (25%). • Delegated services not achieving key performance indicators for service delivery. • Temporary loss of delegated services. • Disruption to delegated services. 	<p>1. Unsatisfactory experience with health and care services across more than 45% of services. This may be categorised as:</p> <ul style="list-style-type: none"> • Waiting for a service or assessment more than KPI / target across 45% services. • Negative service outcomes reported across several services (45%). • Delegated services not achieving key performance indicators for service delivery. • Temporary loss of delegated services. • Disruption to delegated services. 	<p>1. Unsatisfactory experience with health and care services across more than 60% of services. This may be categorised as:</p> <ul style="list-style-type: none"> • Waiting for a service or assessment more than KPI / target across 60% services • Negative service outcomes reported (60%). • Delegated services not achieving key performance indicators for service delivery. • Temporary loss of delegated services. • Disruption to delegated services. • Delegated services are unable to function. <p>Complaints</p>	<p>1. Unsatisfactory experience with health and care services across more than 75% of services. This may be categorised as:</p> <ul style="list-style-type: none"> • Waiting for a service or assessment more than KPI / target across 75% services • Negative service outcomes reported (75%). • Delegated services not achieving key performance indicators for service delivery. • Temporary loss of delegated services. • Disruption to delegated services. • Delegated services are unable to function.

Appendix 2 – Risk Matrix rationale					
Consequences of risk occurring					
Category	Negligible	Minor	Moderate	Major	Extreme
Page 233	<p>relation to delegated services.</p> <p>Reputation</p> <ul style="list-style-type: none"> Individual negative perception. <p>2. Unable to achieve 10% of service improvements contained with the strategic plan.</p>	<ul style="list-style-type: none"> Delegated services are unable to function. <p>Complaints</p> <ul style="list-style-type: none"> Locally resolved complaint about a decision of the EIJB in relation to delegated services. <p>Reputation</p> <ul style="list-style-type: none"> A few complaints about decisions made by the EIJB. Local media coverage – short term Some public embarrassment <p>2. Unable to achieve 25% of service improvements contained with the strategic plan.</p>	<ul style="list-style-type: none"> Delegated services are unable to function. Local media - long-term adverse publicity. <p>Complaints</p> <ul style="list-style-type: none"> A small number (>5) of complaints about decisions made by the EIJB in relation to delegated services. <p>Reputation</p> <ul style="list-style-type: none"> Significant effect public perception of the EIJB. Local MSP/Elected Member / MP interest. <p>2. Unable to achieve 45% of service improvements contained with the strategic plan.</p>	<ul style="list-style-type: none"> Several complaints (>10) about decisions made by the EIJB in relation to delegated services. <p>Reputation</p> <ul style="list-style-type: none"> National media adverse publicity. Public confidence in the organisation undermined. <p>2. Unable to achieve 60% of service improvements contained with the strategic plan.</p>	<p>Complaints</p> <ul style="list-style-type: none"> Significant number of complaints (>20) about the decisions made by the EIJB in relation to delegated services. <p>Reputation</p> <ul style="list-style-type: none"> Sustained national/international media/ adverse publicity. Court Enforcement/Public Enquiry/FAI related to delegated services. <p>2. Unable to achieve 75% of service improvements contained with the strategic plan.</p>

Appendix 2 – Risk Matrix rationale					
Consequences of risk occurring					
Category	Negligible	Minor	Moderate	Major	Extreme
Strategic Projects	Negligible reduction in scope / quality and schedule.	Minor reduction in scope / quality / schedule.	Reduction in scope / quality / project / objectives or schedule.	Significant project overruns.	<ol style="list-style-type: none"> 1. Inability to meet project / EIJB objectives as specified in the strategic plan. 2. Reputation of the EIJB damaged.
Workforce	Short term low staffing level temporarily reducing service quality (less than one day).	Ongoing staffing issues which reduced service quality / or longer waits for a service.	A delay in delivering some services due to workforce gaps.	Several workforce gaps across a small number of services which is leading to: <ul style="list-style-type: none"> • Negative experience / delivery of health and care services. • Non-deliver of key health and care services. • Services at reduced capacity / delivering critical services only. 	Significant workforce gaps across many services which is leading to: <ul style="list-style-type: none"> • Negative experience / delivery of health and care services. • Non-deliver of key health and care services. • Services at reduced capacity / delivering critical services only. • Reported safety issues in relation to individuals we provide services for. • Health and Safety breaches. • Inability to repurpose workforce across the city to achieve service objectives in delegated services.

Appendix 2 – Risk Matrix rationale					
Consequences of risk occurring					
Category	Negligible	Minor	Moderate	Major	Extreme
					<ul style="list-style-type: none"> Invoking of business continuity plans across many services.
Financial	<ol style="list-style-type: none"> Negligible financial gap > £200k with mitigation plans in place to achieve a balanced financial picture. No reduction/s in service provision No impact of delivery of the strategic plan. 	<ol style="list-style-type: none"> Small financial gap > 5m with clear mitigation plans in place that will close the gap. Small reduction/s in service provision with No impact on people No impact on delivery of the strategic plan. 	<ol style="list-style-type: none"> Financial gap > £10m with clear mitigation plans that will close the gap. Small reduction/s in service provision. Small impact on people. Some impact on delivery of the strategic plan but minimal revision to plan required. 	<ol style="list-style-type: none"> Significant financial budget gap > £20m with some mitigation plans. Mitigation plans will not close the gap. Some reduction/s in service provision which will impact on people. Will require a revision of the strategic plan in some areas. 	<ol style="list-style-type: none"> Severe financial budget gap > £30m with no clear mitigation plans. Significant reduction in service provision. Service reduction/s will have an impact on people. Significant revision of the strategic plan.
Audit & Strategic Assurance	<p>Inspection reports which highlight no areas of weakness.</p> <p>Less than five inspections recommendations which will require the EIJB to agree an improvement programme with no additional investment and / or no impact on the EIJB.</p>	<p>Inspections reports which highlight some weaknesses in controls are required in 10% of areas inspected.</p> <p>Less than ten inspection recommendations which can be addressed through an improvement plan with no additional investment and limited impact on the EIJB.</p>	<p>Inspection report which highlights areas where significant improvement/s are required in 25% of areas inspected).</p> <p>Less than 15 inspections recommendations which will be address through an improvement plan and will require a small investment (>100k) and a small impact on the EIJB.</p>	<p>Critical inspection report which highlights areas where significant improvement/s are required in 50% of areas inspected.</p> <p>More than 15 inspection recommendations which will be addressed through an improvement plan and will require a medium investment level (>500K) to deliver and</p>	<p>Severely critical report which highlights areas where significant improvement/s are required in 75% of areas inspected.</p> <p>More than 20 inspection recommendations which will be address through an improvement plan and will require significant investment (£1m) to deliver and will require the</p>

Appendix 2 – Risk Matrix rationale					
Consequences of risk occurring					
Category	Negligible	Minor	Moderate	Major	Extreme
	Less than five outstanding management actions and / or any internal audits with “effective” findings	Less than ten outstanding management actions and / or any internal audits with “effective” and “some improvement required” findings.	Less than 15 outstanding Internal Audit management actions and / or any internal audits with “some improvement required” and “significant improvement required” findings	require prioritisation of resources by the EIJB. More than 15 outstanding management actions and / or any internal audit with “significant improvement required” and “inadequate” findings.	prioritisation of resource and / or the EIJB it disinvest or review and align its priorities. More than 20 outstanding management actions and / or any internal audit report with “inadequate” findings.
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation.	Breach of legislation, regulation and breach of contract resulting in a fine and / or compensation (>5K).	Breach of legislation, regulation or contractual breach resulting in compensation and/ or fine up to (>50K). Service or process failure, impacting on a significant number of delegated services (45%) that could lead to a legislative or regulatory breach.	Breach of legislation, regulation or significant contractual breach resulting in compensation and / or fine (>100k). Some adverse publicity from regulators and public because of fines. Potential of prosecution because of legislative, regulatory, or contractual breach. Service or process failure, impacting on a significant number of delegated services	Breach of legislation, regulation or significant contractual breach resulting in compensation and/or fine (>150K). Significant adverse publicity from regulators and public because of fines. Prosecution because of legislative, regulatory, or contractual breach. Significant service or process failure impacting on majority of delegated services (75%) that could

Appendix 2 – Risk Matrix rationale					
Consequences of risk occurring					
Category	Negligible	Minor	Moderate	Major	Extreme
				(60%) that could lead to a legislative or regulatory breach.	lead to a legislative or regulatory breach.

Likelihood of risk occurring				
Rare	Unlikely	Possible	Likely	Almost Certain
It is assessed that the risk is very unlikely to ever happen.	It is assessed that the risk is not likely to happen in the next three years.	It is assessed that the risk may happening in the next three years.	It is assessment that the risk is likely to happen in the next 12 months.	It is assessed that the risk is very likely to happen in the next 6 months.

REPORT

Previous consultation on the future of care homes in Edinburgh

Edinburgh Integration Joint Board

16 November 2023

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with the outcome of the investigation undertaken by the City of Edinburgh Council Chief Executive into changes made regarding the care home consultation agreed by EIJB in December 2022.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Note the findings from the Council Chief Executive's investigation; 2. Note actions taken that will ensure a similar situation does not reoccur.
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Directions

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

Report Circulation

1. This report has not been circulated to any other committee. The findings from the Council Chief Executive's investigation, as outlined in this report, were circulated in a briefing to members of the City of Edinburgh Council Policy and Sustainability Committee.

Main Report

2. At the City of Edinburgh Council Policy and Sustainability Committee on 23 May 2023, a motion was received by Cllr McKenzie regarding the consultation on the future of the Council run care homes. Concern was expressed that the consultation approach, which was approved by the Edinburgh Integration Joint Board on 13 December 2022 to consult broadly on older peoples' care, has not been taken.
3. In response to the concerns raised, it was agreed that the City of Edinburgh Council Chief Executive would provide a briefing note to members on the process surrounding the consultation on the future of Care Homes and the EIJB Strategy. There were different versions of events being suggested and the Chief Executive undertook to provide the facts surrounding the process for the committee. A briefing was circulated to Committee members on 16 August 2023.
4. At the Policy and Sustainability Committee on 22 August 2023, an emergency motion was submitted by the Green Group, stating the following:
 - 4.1 Thanks the Chief Executive for his review of the process to consult on the future of our care homes following the request made at the Policy and Sustainability committee in May 2023.
 - 4.2 Welcomes the briefing note on his findings which was circulated to Committee and stakeholders (relevant officers, trade union representatives) on Wednesday 16 August 2023.
 - 4.3 Acknowledges the errors of governance, process and communication which were identified.
 - 4.4 Notes that committee members and stakeholders have questions arising from the briefing note and may wish to instruct additional actions.
 - 4.5 Calls for a short report in one cycle, summarising the review and the actions arising.
5. The Interim Chief Officer agreed to take a short report to the Edinburgh Integration Joint Board summarising the review.

Findings from the investigation

6. The key points from the investigation undertaken by the Chief Executive are undernoted.

7. The investigation identified that the EIJB agreed a widely scoped consultation on the future of Adults and Older People's Care on 23 December 2022.
8. Advice was sought from the Consultation Institute as part of the development and scope of the consultation process. The Consultation Institute advised that the scope agreed by the EIJB was broad and there needed to be a narrowing of the scope. The consultation should concentrate on the future of the four care homes originally identified by the EIJB as requiring decommissioning.
9. A meeting was held on 17 February 2023 with the Chair and Vice Chair of the EIJB regarding the narrowing of the scope and a briefing note was drafted, explaining the issues to be discussed, including the future of the four care homes. It was agreed at that meeting to narrow the scope and that wider work should be undertaken as part of a review of the EIJB strategy. It was also agreed that a briefing note should be sent to the EIJB, explaining the rationale and actions, and that once the scope have been agreed to bring it back to the EIJB for final approval.
10. Due to an administrative oversight the briefing note was not circulated to the EIJB. The investigation also highlighted that all participants at the meeting on 17 February 2023 agreed that the consultation scope was to consider the future of the care homes with all options explored.
11. The investigation also identified that there was no further communication with the EIJB until the Unions contacted EIJB members expressing concern about the scope outlined in the Project Initiation Document (PID) for the consultation which had been shared with a steering group designed to shape the scope and implementation of the consultation.
12. This sharing of the PID took place on or about 10 May 2023. It is a fact that the PID did state that the purpose was consultation on closure of care homes and not a more general future of the care homes. This was confirmed with a union rep when it was queried. It is also a fact that the above PID was not checked and signed off by senior officers before issue, this was a clear error in process.
13. On 13 June 2023, the EIJB agreed a report to pause the consultation and that any future consultation should be based on the outcome of the strategic commissioning exercise.

Investigation conclusions

14. It is unfortunate that members of the board found out about the change in scope from the unions. This would not have happened had a briefing note been sent out after the meeting on 17 February. It is also a failure of process that the PID scope was not checked and signed off by senior officers.
15. The EIJB Chair and the Vice Chair understood from the meeting on 17 February that there would be a briefing note to members and that the final scope for the consultation would come to the board for final sign off.
16. The sequence of events described above has led to a break down in communications regarding what was a significant change in scope of the agreed consultation and the proposed new scope should have been shared and signed off by the EIJB before proceeding to implementation. This occurred through a combination of officer error and a lack of communication of the potential change.
17. The EIJB officers and members will need to ensure that in future any significant change to decisions made by the board need to come back to the board for approval.

Revised governance arrangements for decision making

18. In response to recent events, the Edinburgh Health and Social Care Partnership Executive Team has reviewed its membership and governance arrangements to ensure that there is improved engagement in decision making, improved escalation routes and that decisions made are better informed. This has included:
 - a. A revised structure and rotation of meetings has been created with the Executive Team meeting fortnightly and the new Change Board and Workforce Board both meeting monthly.
 - b. Trade Unions and NHS Partnership now sit on the above groups and are involved in discussions and decisions that impact directly on services and staff.
 - c. Professional leadership involvement has improved through the inclusion of the Chief Allied Health Professional, Principal Social Work Officer and Chief Social Work Officer on all these groups, in addition to the Chief Nurse and Clinical Director.
 - d. Council Human Resources and NHS Employee Relations are also members of these groups, ensuring that decisions are made following due process.

19. The Partnership Change Board, referenced in section 18a, will ensure that all Project Initiation Documents (PIDs) for major change workstreams are signed off at Executive Team level. Progress with project delivery and deviations from objectives agreed within the PID will be regularly reported at the Change Board. This will ensure any project deviation is formally captured and decision documented.
20. An action note will be produced for any formal briefings with the Chair and Vice Chair to ensure agreed actions are progressed.
21. There is regular scrutiny of business planning across the Partnership, EIJB and partner governance committees at the Executive Team. Discussion also occurs regarding governance pathways for key workstreams.
22. In addition to the above governance arrangements, a new Chief Officer report was agreed at EIJB in June. This provides opportunity for the EIJB to be updated/briefed on developments. Alongside this, a Chief Officer report is also presented to the Policy and Sustainability Committee providing updates on key EIJB workstreams.
23. While these governance and reporting arrangements are not foolproof in relation to human error, through active engagement in preparation for EIJB meetings and through a wider, more engaging executive level decision making process, this should help mitigate a similar scenario happening again.

Implications for Edinburgh Integration Joint Board

Financial

24. There are no financial implications associated with this report.

Legal / risk implications

25. There are no legal implications associated with this report.
26. The main risks associated with the findings of the investigation are relational and reputational. Due to the unapproved changes made to the scope of the consultation, Trade Union colleagues withdrew from the process. Active engagement with the Trade Unions has taken place and as confirmed at the EIJB meeting on 13 June 2023, Trade Unions are willing to work with officers regarding ongoing and future strategies. Officers within the EHSCP have fully engaged in the investigation and have been open and willing to improve

decision making and governance arrangements, as outlined in section 18 of this report.

Environment and sustainability impacts

27. No Integrated Impact Assessment has been taken in relation to this report.
28. There are no environmental or sustainability impacts associated with this report.

Quality of care

29. There are no impacts on quality of care associated with this report.

Consultation

30. As outlined in this report.

Report Author

Pat Togher

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

None

Appendices

None

REPORT

Committee Update Report

Edinburgh Integration Joint Board

16 November 2023

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of the Committees covering August - October 2023.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes the work of the Committees.

Report Overview

1. This report gives an update on the business of the committees covering the period August – October 2023. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Performance and Delivery Committee – 2 August 2023

2. **EIJB Annual Performance Report 2022/23** - the committee discussed the draft EIJB Annual Performance Report 2022/23.
3. **Performance report** - the committee received a report providing an overview of the activity and performance of the Edinburgh Health and Social Care Partnership.
4. **Performance Benchmarking Data** - the committee were presented with a report summarising the performance with our National and MSG indicators and

selected local indicators (delays, packages of care unmet need and assessments waitlist).

5. **2022/23 Annual Assurance Statement** - the committee had before it the 2022/23 annual assurance statement for their consideration and agreement.
6. **Unpaid Carers Year 2 Performance and Evaluation** - the committee were provided an update on the Year 2 Unpaid Carer Performance and Evaluation.
7. **Deep Dive – Pharmacy** - the committee undertook a deep dive into Pharmacy following the publication of a Strategy for Scotland on achieving excellence in pharmaceutical care.

Strategic Planning Group – 16 August 2023

8. **Membership Proposal** - the committee considered a membership proposal for the SPG membership.
9. **2022/23 Annual Assurance Statement** - the committee were presented with the draft 2022/23 annual assurance statement for consideration and agreement.
10. **Over the Horizon Strategic Planning Session** - the committee considered an report on plans for an over the horizon (OTH) planning session.
11. **EIJB Strategic Plan Update** - the committee were presented with version 7 of the EIJB Strategic Plan for their consideration.
12. **Joint Strategic Needs Assessment (JSNA) Update** - the committee had before it, an updated Joint Strategic Needs Assessment.
13. **Data Strategy Presentation** - the committee received a presentation on the Data Strategy.
14. **Women's Health Plan** – the committee were presented with a report on the Scottish Government Women’s Health Plan.
15. **NHS Lothian Pharmaceutical Care Services Plan** – the committee had before it a report on the NHS Lothian Pharmaceutical Care Services Plan (PCSP).

Performance and Delivery Committee – 6 September 2023

16. **Finance Set Aside Update** - the committee received an update on the financial performance of set-aside services, specifically focusing on the Quarter 1 forecast position compared to the financial plan, this was based on Month 3.
17. **Finance Update** - the committee considered a report on the financial performance of delegated services.
18. **Savings and Recovery Programme 2023-24 Update** - the committee were presented with a report on the 2023/24 Savings and Recovery Programme.
19. **Social Work and Social Care Improvement Plan** - the committee received an update on progress.

Audit and Assurance – 13 September 2023

20. **Internal Audit Annual Report and Opinion 2022-23** - the committee were presented with a summary of internal audit activity and performance during 2022/23 was presented to the committee.
21. **Committees' Annual Assurance Report** - the committee considered a condensed report on the annual assurance statements for the EIJB committees.
22. **EIJB 2022-23 Annual Accounts Audit and Opinion** - the committee reviewed a report from the Audit Scotland External Auditors.
23. **Edinburgh Integration Joint Board Audited Annual Accounts 2022-23** - the committee were presented with the audited 2022/23 annual accounts for the EIJB.
24. **EIJB Risk Register** - the committee had before it the latest iteration of the EIJB risk register.
25. **Internal Audit: Open and Overdue Internal Audit Actions** - the committee considered a report on internal audit overdue findings and key performance indicators from the City of Edinburgh Council (CEC) Governance, Risk and Best Value Committee.

Clinical and Care Governance – 20 September 2023

26. **Care at Home Report** - the committee had before it a report on the current care at home arrangements in Edinburgh.
27. **Health and Safety update** - the committee received a report on the management of health and safety matters within the Edinburgh Health and Social Care Partnership (the Partnership).

Strategic Planning Group – 13 October 2023

28. **Strategic Plan Update** – the committee considered a report on the proposed timescales for the Edinburgh Integration Joint Board (EIJB) strategic plan.
29. **Prevention and Early Intervention Strategy** - the committee were presented with a report on the coproduction of the draft Prevention and Early Intervention Strategy.

Forward Planning

30. Audit and Assurance – 24 November 2023
31. Performance and Delivery Committee – 29 November 2023
32. Strategic Planning Group – 6 December 2023

Report Author

Pat Togher

Chief Officer, Edinburgh Integration Joint Board

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Minute

IJB Strategic Planning Group

10.00am, Wednesday 11 October 2023

Hybrid Meeting - Edinburgh Training and Conference Centre, 16 St Mary's Street, EH1 1SU / Microsoft Teams

Present: Councillor Tim Pogson (Chair), Bridie Ashrowan, Christine Farquhar, Jean Gray, Stephanie-Anne Harris, Susan McMillan, Councillor Max Mitchell, Michelle Mulvaney, Peter Murray, Flora Ogilvie, Jane Perry and Rene Rigby

In attendance:

Jessica Brown, Sabrina Commons, Hannah Cairns, Andrew Henderson, Linda Irvine-Fitzpatrick, Moira Pringle and Donna Rodger.

Apologies: Katharina Kasper, Peter McCormick

Declarations of Interest

Jane Perry made a statement of transparency as an owner of Bluebird Care.

1. Minutes

Decision

The minute of the Strategic Planning Group held on 16 August 2023 was submitted and approved as a correct record.

(Reference – Minutes, 16 August 2023, submitted)

2. Rolling Actions Log

Decision:

- 1) To agree the closure of the following actions:
 - Action 1.1 2021/22 Annual Assurance Statement;
 - Action 1.3 2021/22 Annual Assurance Statement Action 3 Transitions from Children to Adult Support.
 - Action 2 EIJB Strategic Plan Update
 - Action 4 Over the Horizon Strategic Planning Session
- 2) To note the outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The annual cycle of business was presented to the Group.

Decision

To agree the updated annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

4. EIJB Strategic Plan Update

An update on the proposed timescales for the Edinburgh Integration Joint Board strategic plan was presented.

Decision

To agree the revised timescale for the EIJB Strategic Plan as set out in Paragraph 8 of the report.

(Reference – report by Interim Chief Officer, EIJB, submitted)

5. Over the Horizon Strategic Planning Session – Prevention and Early Intervention

Officers provided an overview of the presentation making reference to timescales, population, prevention, intersectional approach, community wealth building,

secondary and tertiary published evidence, second wave approaches, measuring and evidencing change and the changing nature of care. Officers then took the opportunity to respond to members questions.

Thereafter, members partook in a group exercise focussing on people, places and pathways with key points addressing what is being built on, what is being changed, what is being stopped and what needed to be done differently.

Decision:

To note the presentation on Prevention and Early Intervention

(Reference – presentation by Strategic Programme Manager - Older People, NHS Lothian, submitted.)

6. Date of Next Meeting

To note the next Strategic Planning Group meeting was scheduled to be held on Monday 4 December 2023 at 10am.

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Minute

IJB Clinical and Care Governance Committee

1pm, Wednesday 20 September 2023

Hybrid Meeting – Mandela Room, City Chambers, High Street, Edinburgh
and via Microsoft Teams

Present: Councillor Vicky Nicolson (Chair), Helen FitzGerald, Peter Knight, Jacqui Macrae, Allister McKillop and Councillor Claire Miller.

In attendance: Lesley Birrell, Jacqueline Boyle, Helen Elder, Deborah Mackle and Mike Massaro-Mallinson.

Apologies: Robin Balfour, Hannah Cairns, George Gordon and Rose Howley.

1. Minutes

Decision

To approve the minute of the meeting of the Clinical and Care Governance Committee held on 28 June 2023 as a correct record.

2. Annual Cycle of Business

The updated Annual Cycle of Business was presented.

Decision

- 1) To agree the updated annual cycle of business subject to inclusion of the following:

- loan working to be reported quarterly to this Committee and to note that the next reporting date would be December 2023.
 - manual handling reporting to be added to the annual cycle of business.
- 2) To note that an update on Self Directed Support would be presented to the December meeting of this Committee.
 - 3) To request that an update on Adult Protection and Social Care/Social Work inspections be presented to the December meeting of this Committee.

(Reference – Annual Cycle of Business, submitted.)

3. Care at Home Report

An update was provided explaining the wider background context around the current care at home arrangements in Edinburgh.

This was in response to a request from the committee arising from the positive Care Inspectorate reports shared about the Edinburgh Health and Social Care Partnership's (EHSCP) internal care at home services and the committee's desire to broaden their understanding of the current picture across all care at home services, including EHSCP externally commissioned services.

The report focused on the main mechanism in place for people who had asked that EHSCP chose and arranged the support that it thought was right for them through Self Directed Support Option 3 – Local Authority Arranged.

Currently these arrangements were either delivered through internal services or alternatively through externally commissioned arrangements with a number of different Care Inspectorate registered care at home providers.

Decision

- 1) To note the information presented in the report.
- 2) To request that a further follow-up report be presented to this Committee to include survey data to set background context and a trends analysis of hours of care delivered across the city together with an overview specifically of home-based care.
- 3) To request that a summary of quality assurance activity be included in future reporting together with clarification around any identified areas of improvement.
- 4) To note that the terms of reference would require to be updated to reflect the above actions.
- 5) To provide an update on the piece of work being carried out by the contracts team promoting the use of individual service funds.

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

4. Health and Safety Update

An update was provided on the work of the Edinburgh Health and Social Care Partnership Health and Safety Group and relevant sub-groups towards providing assurance that the health, safety and welfare of staff was being properly managed across the Partnership. Information was also provided on any issues arising and the mitigating actions put in place to address these.

Key themes discussed at the last meeting of the Group on 27 July 2023 included a quarterly assurance process, incidents and adverse events, lone working, violence and aggression and manual handling.

Members expressed concerns around the inconsistencies in training around manual handling delivered to Council staff and NHS staff and also around the loan working device systems being used by the integrated team.

Decision

- 1) To note the information in the report.
- 2) To agree to progress “deep dive” sessions on loan working and manual handling at future meetings.
- 3) To request a report back to the next meeting of the Committee on progress being made towards following up the actions from the Health and Safety Group and levels of assurance around these.

(Reference –report by the Interim Chief Officer, Edinburgh Health and Social Care Partnership, submitted.)

5. Date of Next Meeting

Thursday 7 December 2023 at 1.30pm on a hybrid basis in the City Chambers, High Street, Edinburgh and via Teams.

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Note of Meeting

IJB Performance and Delivery Committee

10.00am, Wednesday 6 September 2023

Microsoft Teams

Voting Members:

Councillor Max Mitchell (Chair), Councillor Euan Davidson and George Gordon.

Non-Voting Members: Ruth Hendry (from Item 7 onwards).

In Attendance:

Ian Brooke (EVOG)

Nancy Brown (Finance Programme Manager, CEC)

Eleanora Clemente (Assistant Finance Management)

Graeme McGuire (Finance Manager, NHS Lothian),

Susan McMillan (Performance and Evaluation Manager)

Moira Pringle (Chief Finance Officer, IJB)

Donna Roger (Executive Assistant)

Rhianon Virgo (Senior Change & Delivery Officer, CEC)

David Walker (Principal Accountant, CEC)

Louise Williamson (Committee Services)

Apologies:

Helen Fitzgerald

Peter Knight

1. Quorum

In the absence of a quorum, the members present agreed to discuss the items on the agenda and submit their recommendations to the next meeting of the Committee.

2. Minutes

The minute of the Performance and Delivery Committee from 2 August 2023 was presented for approval as a correct record, and any matters arising.

Decision:

To members present recommended that the minute be approved as a correct record and to endorse the decisions made on reports.

3. Outstanding Actions

The Outstanding Actions updated to September 2023 was submitted.

Decision:

The members present recommended:

- 1) the closure of the following actions:
 - Action 2: NHS Lothian – Set Aside – Edinburgh IJB - Presenttion
 - Action 3: Annual Review of Directions
- 2) that the remaining outstanding actions be noted.

(Reference – Outstanding Actions, submitted).

3. Annual Cycle of Business

The Annual Cycle of Business updated to November 2023 was presented to the Committee.

Decision:

The members present recommended agreement of the updated annual cycle of business attached as an appendix.

(Reference – Annual Cycle of Business, submitted).

4. Finance Set Aside Update

The financial performance of set-aside services, specifically focusing on the Quarter 1 forecast position compared to the financial plan. Based on Month 3 was presented.

A discussion ensued in relation to staffing, pay awards and future reporting to the Committee.

Decision:

The members present recommended:

- 1) that it be noted that the financial performance was deviating from the financial plan, showing a deterioration.
- 2) that in future 6 monthly updates be presented to the Committee.

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

5. Finance Update

The Finance Update Report providing the financial performance of delegated services was presented. The level of assurance provided of a break even position for 2023/24 was limited, given the remaining budget deficit and should no resolution be identified over the coming weeks, a recovery plan would be presented to the October meeting of the board.

Questions were raised in relation to the current underspend and additional available finance which had not yet been awarded.

Decision:

The members present recommended:

- 1) that the financial position for delegated services to 31st July 2023 and associated year end forecast be noted.
- 2) that the limited assurance provided by the Chief Finance Officer be noted.

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

6. Quorum

At this stage in the proceeding, Ruth Hendery joined the meeting.

7. Savings and Recovery Programme 2023-24 Update –

The Savings and Recovery Programme (SRP) Update was presented.

The members agreed that there was a good amount of detail presented although a bit more detail around the process would have been helpful.

Decision:

To note the current position and agree to the closure of the 2023/2023 Savings and Recovery Programme.

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

8. Presentation: Social Work and Social Care Improvement Plan: EIJB Performance and Delivery Committee Update

Officers spoke to the presentation providing an update on the Social Work and Social Care Improvement Plan.

A discussion ensued in which members acknowledged that this was a very positive step going forward and that it was important now to involve third sector/voluntary organisations as they had a key role to play.

Decision:

To note the presentation on the Social Work and Social Care Improvement Plan EIJB Performance and Delivery Committee Update

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

8. Urgent Business

None

9. Date of Next Meeting

Wednesday 4, October 2023



Minute

IJB Audit and Assurance Committee

10.00am, Wednesday 13 September 2023

Held remotely by video conference

Present:

Members

Peter Murray (Chair), Councillor Euan Davidson, Elizabeth Gordon, Grant Macrae and Councillor Claire Miller.

Officers

Lesley Birrell and Jacqueline Boyle (Committee Services), Laura Calder (Head of Internal Audit), Michael Oliphant (Audit Scotland), Moira Pringle (Chief Finance Officer) and Donald Scott (Assurance Officer).

Apologies

Kirsten Hey.

1. Declaration of Interest

Decision

None.

2. Minute

Decision

To approve the minute of the Audit and Assurance Committee of 8 June 2023 as a correct record.

3. Annual Cycle of Business

The updated annual cycle of business was submitted. Members noted that, in order to streamline the annual cycle of business going forward, it was proposed to present a governance report to the Audit and Assurance Committee annually in June (aligning with the annual accounts presentation) which would cover all activity that the EIJB was required to undertake as a public body.

The following items would be included in the annual report:

- Policy/Procedure Review of all work related to fraud and corruption in line with requirements of NHS Scotland Counter Fraud Services.
- Assess the effectiveness of Counter Fraud services once every five years.
- Review registers relating to the Standards of Business Conduct Policy and consider any breaches and action taken.
- Review every decision by the Integration Joint Board to suspend their respective Standing Orders.

Decision

- 1) To approve the annual cycle of business.
- 2) To approve the proposal that a governance report be submitted on an annual basis to the Audit and Assurance Committee as described above.

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

4. Internal Audit Annual Report and Opinion 2022/23

The 2022/23 Internal Audit Annual Report provided the Audit and Assurance Committee with a summary of internal audit activity and performance during 2022/23. The internal audit annual opinion was contained in the annual report and concluded that “reasonable assurance” could be placed on the overall adequacy and effectiveness of the Edinburgh Integration Joint Board’s (EIJB) governance, risk management and internal control systems for the year ended 31 March 2023.

A number of issues had been identified during the course of the audit work, areas of non-compliance and/or scope for improvement throughout the year which, individually, did not significantly impair the EIJB’s system of internal control but could put at risk the achievement of the EIJB objectives if corrective actions were not adequately addressed.

The opinion also considered the results of other assurance activities performed during the year specifically referencing the two inspections which had been undertaken by the Care Inspectorate across areas of health and social care services provided in Edinburgh with a range of areas of improvement highlighted.

Decision

- 1) To note the 2022/23 Internal Audit Annual Report.
- 2) To note the annual opinion on the adequacy of the EIJB's governance, risk management and internal control systems.
- 3) To note the report would be referred to the City of Edinburgh Council and NHS Lothian for review and consideration.
- 4) To note that risk acceptance was monitored on a six-monthly basis as part of the EIJB's risk register.
- 5) To request that more detailed explanatory information be provided in future reporting around partial risk acceptance and the full business impact assessments when management actions were re-dated.
- 6) To acknowledge the significant work being undertaken by staff to address the internal audit actions.

(Reference - report by the Head of Internal Audit, City of Edinburgh Council, submitted)

5. Committees' Annual Assurance Report

The following EIJB Committee assurance statements were presented for scrutiny (Clinical and Care Governance Committee, Performance and Delivery Committee, Strategic Planning Group and Audit and Assurance Committee).

Members noted that monitoring of implementation and progress of the proposed outcomes would be undertaken by each Committee and reported back through the Audit and Assurance Committee.

Members also requested that officers give consideration to aligning audit and assurance terminology going forward to ensure consistency and transparency of reporting.

Decision

- 1) To note the moderate assurance following the review of the committee assurance statements which were stored in the City of Edinburgh Council and NHS Lothian Teams site for interest.
- 2) To note there had been no suspension of the standing orders in 2022/23.
- 3) To note no breaches of the code of conduct had been recorded for 2022/23.
- 4) To note the due date for recruitment of the Chief Risk Officer was December 2023.
- 5) To request that an appendix be added to the report prior to submission to the Edinburgh Integration Joint Board setting out definitions of assurance levels for the purposes of clarification.

- 6) To note the ongoing work with internal audit to align audit and assurance terminology used by the City of Edinburgh Council and NHS Lothian and that a paper detailing this work would be brought to the Audit and Assurance Committee for consideration at its next meeting scheduled for 13 December 2023.
- 7) To note that the Chief Finance Officer would revisit the committees' assurance returns and feedback on any further emerging themes, improvements or actions required.
- 8) To refer the report to the Edinburgh Integration Joint Board.

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

6. EIJB 2022-23 Annual Accounts Audit and Opinion

The External Auditor presented a summary of significant matters which had arisen from the 2022/23 annual audit of Edinburgh Integration Joint Board's (EIJB) annual accounts.

The scope of the audit had been set out in the annual audit plan presented to the meeting of the Audit and Assurance Committee on 20 March 2023 and the external audit opinions on the annual accounts were unmodified.

Significant findings and key audit matters were highlighted together with details of the associated agreed management actions.

Decision

To note the report.

(Reference - report by Audit Scotland, External Auditor, submitted)

7. Edinburgh Integration Joint Board Audited Annual Accounts 2022/23

The audited 2022/23 annual accounts for Edinburgh Integration Joint Board were presented for scrutiny by the Audit and Assurance Committee.

As a result of the external audit, some disclosure adjustments had been recommended and these had been reflected in the financial statements which were attached as an appendix to the report by the Chief Finance Officer. These reflected the following minor changes to incorporate information which was not available at the time the unaudited accounts were drafted:

- Update on the strategic plan as agreed by the Strategic Planning Group in August now reflected in the management commentary.
- Management commentary updated in line with the recently published annual performance report.
- An amendment to the governance statement to reflect the internal audit opinion.

Decision

- 1) To amend the Councillor Miller's date of appointment to the EIJB from 26 May 2022 to 30 June 2022.
- 2) To recommend that the Edinburgh Integration Joint Board approve and adopt the audited annual accounts for 2022/23.

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

8. Edinburgh Integration Joint Board Risk Register

The latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register was submitted.

Work was ongoing developing the rationale for target risks and how these could be achieved or delivered and what additional controls needed to be put in place to reduce the risks. This would also identify where there were requirements on the partners.

Members noted the significant improvement in reporting risk and that the risk register was also reported to the EIJB every six months, recognising that ownership of risk was the responsibility of all Board members.

Decision

- 1) To note the risk appetite statement and risk explanations for likelihood and consequences which had been developed with risk owners attached at appendices 1 and 2 of the report.
- 2) To note that the risk cards were reviewed by the Executive Management Team in August 2023.
- 3) To agree the risk overview, assurance levels and risk cards at appendices 3, 4 and 5 of the report, acknowledging that work continued to strengthen and improve the narrative and evidence base contained within the risk cards.
- 4) To agree that risk 3.3 was a cause of risk 1.1 and that the relevant detail from risk 3.3 had been subsumed into risk card 3.1.
- 5) To note progress to date in relation to recruitment to the Chief Risk Officer.
- 6) To agree that the Chief Finance Officer and the Operations Manager would continue to embed the EIJB risk process.
- 7) To agree to hold a Development Session on risk management for Audit and Assurance Committee and all EIJB members to ensure all members were clear on their role and responsibility for risk management and to further refine the process.

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

9. Internal Audit: Open and Overdue Internal Audit Actions – Performance Dashboard as at 22 June 2023 – referral from the City of Edinburgh Council Governance, Risk and Best Value Committee

The Council's Governance, Risk and Best Value Committee had referred a report by the Head of Internal Audit detailing progress being made towards implementing open and overdue management actions and key performance indicators to the Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

Decision

To note the report.

(Reference – referral report from the City of Edinburgh Council Governance, Risk and Best Value Committee 1 August 2023, submitted)

10. Outstanding Actions

The outstanding actions updated to September 2023 were presented to committee.

Decision

To agree to close Actions 1(1) and (2) – EIJB Risk Register and Action 2 – Internal Audit Update.

(Reference - Outstanding Actions, September 2023, submitted)

11. Date of Next Meeting

Wednesday 13 December 2023 at 10am by Teams.