

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. Minutes

- 3.1. Note of the meeting of the Edinburgh Integration Joint Board meeting of 25 September 2015 (circulated).
- 3.2. Note of the special meeting of the Edinburgh Integration Joint Board meeting of 16 October 2015 (circulated)
- 3.3. Matters Arising
 - Visits to Establishments

4. Reports

- 4.1. Rolling Actions Log (circulated)
- 4.2. Winter Plan 2015 - 16 – report by the Strategic Programme Manager – Strategic Planning and Older People (NHSL) and the Senior Manager – Older People (CEC) (circulated)
- 4.3. Citizens and Localities Project – presentation by the Senior Responsible Officer – Citizens and Localities, Council Transformation Project
- 4.4. Development Sessions Programme – Proposed Schedule (circulated) – Chair to report
- 4.5. Deputations – report by the Deputy Chief Executive, CEC (circulated)
- 4.6. Audit and Risk Committee– report by the Deputy Chief Executive, CEC (circulated)
- 4.7. Developing Risk Management –report by Principal Risk Manager - CEC, Quality and Standards Manager - Health and Social Care and Quality and Safety Assurance Lead - NHS Lothian (circulated)

- 4.8. Communications Resource and Strategy for Edinburgh IJB – Verbal Update - Chief Officer to report
- 4.9. Scottish Government Consultation Response: Ombudsman – report by the Integration Programme Manager (circulated)

5. Any Other Business

- 5.1. Council Budget Consultation

Item 3.1 - Minutes

Edinburgh Integration Joint Board

9.30 AM, Friday 25 September 2015

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Carl Bickler, Sandra Blake, Andrew Coull, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Kirsten Hey, Councillor Sandy Howat, Moira Pringle, Gordon Scott, Ella Simpson, Richard Williams, Maria Wilson, Councillor Norman Work

Officers: Monica Boyle, Karen Dallas, Carol Harris, Susanne Harrison, Gavin King, Alex McMahon and Chris Whelan.

1. Welcome and Apologies

George Walker welcomed those in attendance to the meeting and provided an update on the Edinburgh Integration Joint Board (EIJB) Chief Officer recruitment process. Shortlisting of candidates had taken place on 24 September 2015 and information would be circulated to the interview panel regarding this on 28 September 2015. The formal selection process would take place over two days. Candidates would meet a stakeholder panel on the first day, followed by a formal interview the next day.

Apologies were noted from Shulah Allen, Kay Blair, Hugh Dunn, Alex Joyce, Angus McCann, Ian McKay and Tim Montgomery and Sandra Blake.

2. Note of meeting of the Edinburgh Integration Joint Board 17 July 2015

Decision

To approve the minute of the meeting, subject to the inclusion of Alex McMahon as in attendance.

(Reference – note of the meeting of the Edinburgh Integration Joint Board - 17 July 2015, submitted.)

3. Matters Arising

3.1 Communication: Website and Extension of Branding

Decision

To note that a further report on website development (with costings) and the wider communications engagement would be submitted to the next meeting of the Edinburgh Integration Joint Board.

4. Rolling Actions Log

The Rolling Actions Log, containing decisions agreed at the previous meeting of the EIJB, for 25 September 2015 was presented.

Decision

- 1) To note the Rolling Actions Log and the updates provided.
- 2) To agree to include visits to acute facilities in the schedule of visits.

(Reference – Rolling Actions Log – 25 September 2015, submitted.)

5. Governance Arrangements, Capacity and Infrastructure

Alex McMahon presented a report on governance, capacity and infrastructure in relation to Older People's Services. The following was highlighted:

- A request had been made to the Scottish Government for bridging finance to support the Transformational Plan. This was expected to be approximately £2m and would be linked to performance.
- The Plan included the opening of additional beds at Gylemuir House, domiciliary care staff were currently being recruited to support this.
- The remaining two open wards at the Royal Victoria Hospital had been badly damaged by flooding. Patients had been moved and next steps were being considered.
- Key risks associated with the reduction in delayed discharge levels, including finance and recruitment, had been identified.

Chris Whelan provided an update on the proposed new contract for care workers in Edinburgh. This was expected to go live in August/September 2016. It was advised that a cost pressure of £8m was expected due to the introduction of a new national living wage. It had been advised that additional funding would not be received from Scottish Government to address this shortfall.

The following comments were raised during discussion by board members:

- It would be necessary to demonstrate progress against key indicators with the first tranche of Scottish Government bridging finance in order to secure the second half of funding.
- Interim Localities Managers were scheduled to be appointed on 2 October 2015.
- Any plans should consider both efficiencies and capacity.
- The Professional Advisory Committee should be built into the governance arrangements outlined at in the report.
- A finance representative would ideally be appointed to the Older People's Executive Group.

Decision

- 1) To note the progress in securing funding from Scottish Government for year one of a three year transformation plan.
- 2) To note that additional beds within Gylemuir would be opened as part of the three year transformation plan, and that recruitment for domiciliary care workers was ongoing, with the first cohort recruited, trained and in place for the week beginning 18 December 2015.
- 3) To note that there was £300,000 within the transformation fund which was available to the Edinburgh Integration Joint Board to support the governance and infrastructure required to deliver this agenda.
- 4) To agree the governance arrangements set out in section 3 of the joint report by the Associate Director of Strategic Planning and the Senior Manager of Older People's Services, subject to Partnership and Finance representatives being added to the membership of the Older People's Executive Group and noting that the GP Sub-Committee would be asked to nominate the 2 GPs.
- 5) To support the Interim Management Team in continuing its dialogue with Scottish Government in relation to years two and three funding requirements.
- 6) To agree and endorse the need for a minimum of 80 packages of care (discharges) to be delivered weekly, from as early a date as possible, to drive a step change in performance.
- 7) To request further information on activity within hospital teams to support effective patient discharge.
- 8) To agree to receive further information on the ongoing review of Council Occupational Therapist services.

(Reference – joint report by the Head of Service, Older People, CEC and Associate Director, Strategic Planning, NHS Lothian – CEC, submitted.)

6. Transforming Older People's Services – Communication and Engagement Activity

Carol Harris presented an overview of communication and engagement activities, including aims and objectives, used to support the Older People's Executive Group in the implementation of the redesign programme.

Board members highlighted that it would be beneficial to start engagement with network forums in advance of the official confirmation of timelines and that sensitivity would be required regarding the closure of the Royal Victoria Hospital.

Decision

To support the need to actively engage with staff, patients and communities through the range of communication channels regarding the redesign of older people's services in Edinburgh, in particular the development of new Integrated Care Facilities.

(Reference – report by the Head of Communications, NHS Lothian, submitted.)

7. Transition Fund Utilisation

The utilisation of the Transition Fund, made available by the Scottish Government to support the development of the EIJB, was detailed. Approximately 50% of the £615k funding allocation had been committed by both partners up to 1 April 2015.

Decision

- 1) To note the level of expenditure committed to date, and the carry forward into 2015/16 financial year.
- 2) That expenditure for the period(s) subsequent to 1 April 2015 should be associated with growing capacity and project management to drive change. In part this might be through the use of external support to review current practice and ways of driving efficiency and productivity whilst also releasing cash.
- 3) That no further expenditure should be incurred from 1 April 2015 on embedded staff.

(Reference – joint report by the Chief Social Work Officer, CEC and the Director of Strategic Planning, Performance and Information, NHS Lothian, submitted.)

8. GameChanger – Public Social Partnership

Details were provided of four established Public Social Partnerships (PSP). These were cited as strong examples a co-planning and co-diversity approach, aimed at fulfilling the strategic objectives and priority actions of the Strategic Plan.

Game Changer was a new PSP led by NHS Lothian, Hibernian Football Club and the Hibernian Community Foundation. The stated aim of the PSP was to unlock the power and passion associated with football; to make greater use of all Hibernian's physical, cultural and professional assets; and to deliver a better, healthier future for the most vulnerable, disenfranchised or disadvantaged in local communities.

Decision

- 1) To acknowledge the key role of the Public Social Partnership in the delivery of shared strategic priorities.
- 2) To support the four Public Social Partnership workstrands currently active.
- 3) To recognise the potential contribution of GameChanger to assist with delivering on a number of strategic objectives with a particular focus on preventative approaches and communities and individuals who experience significant health inequalities.
- 4) To support the development of flagship and road map proposals which will include the preparation of funding applications.
- 5) To support the potential application of the Public Social Partnership model to other areas of health and social care delivery which in turn would support the delivery of the Edinburgh Integration Joint Board Strategic Plan.
- 6) To consider future options at a development session, to include localities and inequalities issues, and links with the draft Strategic Plan.

(Reference – report by the Strategic Programme Manager, NHS Lothian, submitted.)

9. Winter Planning

Arrangements for winter planning being undertaken across NHS Lothian, and the process for submission to the NHS Lothian Board in October 2015, were detailed. A draft version of the Winter Plan was appended to the report. During discussion the following points were raised by board members:

- A preventative model would be essential if the EIJB was to maintain a sustainable winter plan. This would include supporting patients outside of acute facilities.
- Engagement and consultation should involve non-professional networks, such as the British Red Cross Assisted Discharge Service, unpaid carers etc.
- A shift in the balance of care from acute to community-led services would impact upon workloads for General Practitioners.
- The agreed approach for the Winter Plan would need to be person centred.
- Performance monitoring should utilise a wider range of indicators than just four hour breaches.

- It would be necessary to record lessons learned, for use when drafting future iterations of the Winter Plan.

Decision

- 1) To note the approach being taken and the work to date, and await a final version of the Winter Plan for the November 2015 meeting of the Edinburgh Integration Joint Board.
- 2) To request more detailed information to the November 2015 Edinburgh Integration Joint Board meeting on the scope, to include more details on performance monitoring, and lessons learned.
- 3) To note that in the meantime the current version would be considered by the NHS Lothian Board in early October 2015, and that the Chair would reflect the Edinburgh Integration Joint Board's discussion then.

(Reference – report by the Associate Director of Strategic Planning NHS Lothian, submitted.)

10. Communication and Brand Development

Decision

To note that the item had been withdrawn from the agenda.

11. Financial Assurance for the Integration Joint Board

Moira Pringle detailed key financial actions required in advance of 1 April 2016, when the EIJB was scheduled to become fully operational. These included:

- Development of a financial framework for the Strategic Plan;
- Agreement of budgets delegated from City of Edinburgh Council (CEC) and NHS Lothian (NHSL) following a due diligence process;
- A strategy for working with the other three Lothian IJBs, CEC and NHSL to agree where risk would be jointly managed and which mechanism(s) would be used;
- Working with the Integrated Management Team to develop an agreed set of 'directions' with aligned financial resources;
- Establishing appropriate governance arrangements; and
- Development of reporting mechanisms to provide the EIJB and the Integrated Management Team with appropriate and timely financial information.

The following points were raised during discussion by board members:

- Any reduction in mental health nursing spend would have a significant negative impact in an area where resources were already low.

- It would be important to share information regarding risks with other IJBs as many would be facing similar challenges.
- Respective internal auditors would be invited to present reviews by CEC and NHSL internal audit departments. Governance and finance had been identified as the biggest risks currently facing the EIJB.
- Both NHSL and CEC Chief Executives had made a commitment to explore the possibility of multi-year budgeting.

Decision

- 1) To note the contents of the Interim Chief Finance Officer's Report and to support the work plan laid out.
- 2) That the 11 December 2015 development session would focus on the budgets being delegated to the Edinburgh Integration Joint Board. In turn this session would be required to assist the Joint Board members in understanding key financial pressures and also the process for agreeing any change and the criteria and process for change.
- 3) To agree to consider Finance at the December 2015 development session, alongside the draft Strategic Plan.
- 4) To request further information on the decision making process regarding the £1.1m reduction in mental health nursing spend.

(Reference – report by the Interim Chief Finance Officer, submitted.)

12. Information, Communication and Digital Technology: Position Statement

A summary was provided of the current position with respect to joint developments in information governance and information, communications and digital technology (ICDT). This included:

- An update on information governance
- An updated 'Road Map'
- A description of recently delivered, ongoing and scheduled technical work;
- A proposed approach for supporting the development and delivery of the Strategic Plan
- An update on work to develop the approach for the provision of technical support functions to the EIJB.

In response to questions from Board Members, it was confirmed that a joint protocol for data sharing existed.

Decision

- 1) To note the current position on information governance and that a further report would be provided in due course.
- 2) To agree to the assumptions adopted for joint working in ICDDT.
- 3) To note the update of the 'Road Map' and the technical work recently delivered, ongoing or scheduled.
- 4) To invite the Council's ICT Solutions Team and NHS Lothian e-Health services to review and comment jointly on the Draft Strategic Plan as part of the consultation.
- 5) To request that an appropriate approach be developed for ensuring that information governance and ICDDT requirements could be considered for all major service/pathway re-design proposals to ensure improved information flows along the pathway.
- 6) To request that appropriate and affordable ICDDT delivery/implementation plan(s) were developed in relation to these service/pathway re-design proposals.
- 7) To note the Council and NHS Lothian would be developing a proposal for the provision of 'Professional/Technical and Administrative' support services to the Joint Board and that this would include support for information governance and ICDDT.
- 8) To note the 'starter list' of requirements for information governance and ICDDT and to note that an update would be provided on this in due course.
- 9) To use a future development session to address current issues, including shared protocols, and future development, and to ask Angus McCan to act as the Joint Board's member lead on this.

(Reference – report by the Integration Programme Manager, CEC, submitted.)

13. Proposals for Receiving Deputations

Gavin King presented a report which included options that the EIJB could adopt with regard to deputations. Board members were advised that deputations were a unique way for external organisations to feed into the decision making process and should not be seen as a replacement for existing consultation processes.

The following points were raised by board members during discussion:

- Deputation requests at Development Sessions would not be appropriate, as these workshops were intended to offer private briefings to Joint Board members.
- A programme of upcoming agenda items would help organisations, who would later make deputations, engage with the decision making process at an earlier stage.
- A trial period would allow the EIJB to fine tune the deputation process.

- Clear guidelines would be required in order to ensure that only appropriate deputations were considered.

Decision

- 1) To agree in principle to allow deputations at some meetings of the Joint Board.
- 2) To request detailed guidelines on how the process would work in practice, and on the scope for allowing deputations at meetings for a pilot period.

(Reference – report by the Interim Management Team, submitted.)

14. Audit Committee - Options

Gavin King presented a report regarding the possibility of the EIJB establishing an Audit Committee to ensure appropriate consideration of governance, risk and assurance matters. It was advised that the creation of an audit committee would be in line with good practice governance standards in the public sector.

Decision

To agree option 2.1, to establish an Audit Committee with a wide ranging audit risk and scrutiny remit) and to request a report to the next meeting on its possible membership and terms of reference.

(Reference – report by the Deputy Chief Executive, CEC, submitted.)

15. New Grant Programme for Prevention of Health Inequality from 2016/17

Following Council's decision to transfer responsibility for developing grant programmes and making grant awards to executive committees, the 2015-16 grant process for reducing health inequality was approved by Health, Social Care and Housing Committee on 27 January 2015.

The report outlined that responsibility for Health and Social Care grant systems would transfer to the Health and Social Care Partnership with final allocation decisions through the EIJB. A new programme of grants for the prevention of health inequality to operate from 2016/17, using an updated policy framework with funding criteria based on this, was proposed. A parallel report was agreed by the Health, Social Care and Housing Committee of the Council on 16 June 2015.

Decision

To approve the recommended approach to the new grant programme for preventive action on health inequality, including:

- a) Reduction of the priority outcomes from 13 to 10 by removing or merging three outcomes set out in Paragraph 13 of the report.
- b) Retaining the priority for six of the ten outcomes set out in Paragraph 11 of the report as key areas for partnership work and funding priorities in the preventive programme.
- c) Continued coproduction work to improve definitions of some assessment criteria, such as enhancing local services and continue the development of impact measures.
- d) The award of three year grant funding from 2016/17 through an application process in 2015.
- e) Consideration of grants at the Joint Board meeting in February 2016 for grants starting in April 2016, with a phased approach aligned to partner funding cycles
- f) That award recommendations take into account agreed budget targets and arrangements to rationalise the funding periods for HSCP grant with the main joint funding sources.

(References – minutes of the Health and Social Care and Housing Committee 27 January 2015 (item 1) and 16 June 2015 (item 7); minute of the Communities and Neighbourhoods Committee 11 February 2014 (item 1); report by Health and Social Strategy Manager, submitted.)

16. Request for Board Membership

A letter from Rene F. Rigby on behalf of Scottish Care requesting membership of the EIJB was presented.

Decision

To refuse the request for Board membership, on the basis that there were already a number of avenues for the organisation to influence Joint Board policy.

(Reference – letter from Scottish Care, submitted.)

17. Risk Management Update

It was proposed that Alex McMahon scheduled a workshop on risk for a future development session meeting of the EIJB.

Decision

- 1) To agree to hold a development session/ workshop on Risk.
- 2) To note that a timetable of development sessions would be produced and circulated.

Item 3.2 - Minutes

Edinburgh Integration Joint Board (Special Meeting)

9.30 AM, Friday 16 October 2015

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allen, Carl Bickler, Kay Blair, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Kirsten Hey, Alex Joyce, Angus McCann, Gordon Scott, Ella Simpson, Richard Williams, Maria Wilson

Officers: Monica Boyle, Dorothy Hill, Melanie Johnson, Alex McMahon, Michelle Miller and Tim Montgomery.



1. Welcome and Apologies

George Walker welcomed those in attendance to the special meeting of the Edinburgh Integration Joint Board (EIJB). It was advised that the meeting had been called to allow the EIJB to formally approve the appointment of the new Chief Officer.

2. Appointment of Chief Officer

George Walker explained the recruitment process for the new Chief Officer and information regarding the recruitment panels preferred candidate. The following was highlighted:

- There had been 24 applicants for the post. 11 had been selected to form the long leet, of whom 7 had made it onto the short leet.
- The interview short leet was agreed by the interview panel appointed at the EIJB's July meeting, This consisted George Walker, Councillor Ricky Henderson, Councillor Sandy Howat, Councillor Elaine Aitken, Kay Blair and Alex Joyce, and was supported by the NHS Lothian and CEC Chief Executives. The entire process was supported by an HR adviser.
- Key stakeholders and the two Chief Executives had held informal discussions with the short leet candidates on 5 October 2015, supported by Aspen People and the HR adviser. The stakeholder group comprised:- Ella Simpson; Andrew Coull; Angus McCann; Kirsten Hey and Wanda Fairgrieve.

- Formal interviews had been held on the 6 October 2015. Aspen People/HR again supported these, and provided feedback from the stakeholder discussions.
- The panel had agreed to nominate Robert McCulloch-Graham as the preferred candidate.
- As required by the legislation, formal consultation had taken place with the statutory organisations, both of which offered no objections to the appointment.

Decision

To formally appoint Robert McCulloch-Graham as the EIJB Chief Officer.

Item 4.1 – Rolling Actions Log – November 2015

20 November 2015



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1.	Development Sessions - Programme	17/07/15	Programme of possible topics to be provided, including:-bespoke induction training; risk management; potential to remodel services etc.	Alex McMahon	20 November 2015	
2.	Transition Funding	17/07/15	Update on Scottish Government funding to be circulated.	Alex McMahon	When available.	
3.	Visits to Establishments	17/07/15 and 25/09/15	Further information on visit options – including visits to acute facilities.	Interim Management Team	20 November 2015	Action updated following 25/09/15 meeting to include visits to acute facilities.
4.	Standing Orders	17/07/15	1) Adjust to include Committees etc. and publish. 2) Further report on options for deputations, including links with wider consultation.	Gavin King / Interim Management Team	20 November 2015	
5	Code of Conduct	17/07/15	1) Publish Code. 2) Circulate Register of Interest Forms, and publish Register.	Gavin King / Interim Management Team		

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	Membership	17/07/15	<ol style="list-style-type: none"> 1) Review role of Professional Advisory Committee, including its links with Joint Board, and report. 2) Further information on stakeholder engagement. 3) Develop framework for carer and service user expenses. 	Richard Williams/Carl Bickler/Gordon Scott Interim Management Team Interim Management Team	20 November 2015	
7	CNoRIS	17/07/15	<ol style="list-style-type: none"> 1) Apply to Scottish Ministers to join CNoRIS from 1/4/16. 2) Further information on individual Joint Board members' liability. 	Susanne Harrison		
8	Engagement, Communication and Branding	17/07/15	<ol style="list-style-type: none"> 1) Apply branding to Joint Board publications. 2) To report on potential to extend the use of the brand. 3) Report on web site costings. 	Dorothy White/ Carol Harris	20 November 2015	
9	Appointment of Chief Officer and Chief Financial Officer	17/07/15	<ol style="list-style-type: none"> 1) Arrange appointment of interim CFO. 2) Arrange recruitment and selection of Chief Officer. 	George Walker. George Walker /Ricky Henderson / Interim Management Team	October 2015.	Recommended for closure
10	Finance	17/07/15	<ol style="list-style-type: none"> 1) Further report on outcome of Internal Audit Teams work on due diligence. 2) To report on a budget consultation strategy as part of the 2016/17 budget process. 	Hugh Dunn / Susan Goldsmith	Not specified.	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
11	Risk Management	17/07/15	1) To include in development session programme (see item 1). 2) To develop a risk appetite statement subsequently.	Hugh Dunn / Susan Goldsmith		
12	Strategic Plan	17/07/15	1) Consult publicly for three months, and report. 2) Include reference to change, specifically which services might be stopped, in consultation.	Interim Management Team		
13	Communication: Website and Extension of Branding	25/09/15	To note that a further report on website development (with costings) and the wider communications engagement would be submitted to the next meeting of the Edinburgh Integrated Joint Board.	Head of Communications, NHS Lothian	November 2015	
14	Governance Arrangements, Capacity and Infrastructure	25/09/15	1) To request further information on activity within hospital teams to support effective patient discharge 2) To agree to receive further information on the ongoing review of Council Occupational Therapist services.	Interim Management Team	Not specified	
15	Gamechanger – Public Social Partnership	25/09/15	To consider future options at a development session, to include localities and inequalities issues, and links with the draft Strategic Plan.	Alex McMahon	Not specified	
16	Winter Planning	25/09/15	1) To await a final version of the Winter Plan to the November 2015 meeting of the Joint Board. 2) To request more detailed information to the November 2015 Edinburgh Integration Joint Board meeting on the scope, to include more details on performance monitoring, and lessons learned.	Associate Director of Strategic Planning	November 2015	Recommended for closure – report on the agenda
17	Financial Assurance for the IJB	25/09/15	1) That the 11 December 2015 development session would focus on the budgets being delegated to the EIJB. 2) To agree to consider Finance at the December 2015	Interim Management Team/ Moira Pringle	December 2015	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			development session, alongside the draft Strategic Plan. 3) To request further information on the decision making process regarding the £1.1m reduction in mental health nursing spend.			
18	Information, Communication and Digital Technology: Position Statement	25/09/15	1) To note the current position on information governance and that a further report would be provided in due course. 2) To invite the Council's ICT Solutions Team and NHS Lothian e-Health services to review and comment jointly on the Draft Strategic Plan as part of the consultation. 3) To request that an appropriate approach be developed for ensuring that information governance and ICDT requirements could be considered for all major service/pathway re-design proposals to ensure improved information flows along the pathway. 4) To request that appropriate and affordable ICDT delivery/implementation plan(s) were developed in relation to these service/pathway re-design proposals 5) To use a future development session to address current issues, including shared protocols, and future development, and to ask Angus McCann to act as the Joint Board's member lead on this.	Interim Programme Manager/ Angus McCann	Not specified	
19	Proposals for Receiving Deputations	25/09/15	To request detailed guidelines on how the process would work in practice, and on the scope for allowing deputations at meetings for a pilot period.	Gavin King/Interim Management Team	November 2015	Recommended for closure – report on the agenda
20	Audit Committee - Options	25/09/15	To agree option 2.1, to establish an Audit Committee with a wide ranging audit risk and scrutiny remit) and to request a report to the next meeting on its possible membership and terms of reference.	Gavin King/Interim Management Team	November 2015	Recommended for closure – report on the agenda

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
21	New Grant Programme for Prevention of Health Inequality from 2016/17	25/09/15	To consider grants at the Joint Board meeting in February 2016 for grants starting in April 2016, with a phased approach aligned to partner funding cycles	Interim Management Team	February 2016	

Report

Winter Plan 2015 -16

Integration Joint Board

27 November 2015



1. Executive Summary

- 1.1 The Edinburgh Health and Social Care Partnership is a key contributor to the 2015-16 pan-Lothian Winter Plan development, securing £2.308m of the pan Lothian £6.4m allocation.

2. Recommendations

- 2.1 To note the Edinburgh partnership allocation for winter 2015-16, with the view to supporting mainstream social care services to enhance staffing to optimise discharge planning.

3. Background

- 3.1 The current Winter Plan for 2015-16 has taken a pan Lothian, multi agency approach, building on the experience and lessons learned in 2014-15. The plan's foundations are to provide person centred safe & effective care through collaborative planning and working, delivering multi professional models of care. There is a focus to ensure unscheduled, scheduled and wider community health and care services are maintained by optimising the resources available to us from all parts of our system and its partners.
- 3.2 Wider community supports feature in a significant way this year, with the intention to have these as key sustaining elements for maintaining flow this winter, as opposed to relying on a bed based model, as has been the case in previous years.
- 3.3 As a key partner in this Winter Plan, it demonstrates the Edinburgh Integrated Authority's commitment to ensuring collaborative working across functions to optimise capacity and ensure resources are used effectively and efficiently to support quality experiences for people who use the range of services provided across the whole system.
- 3.4 The pan-Lothian collaborative approach has also allowed for Scottish Government Colleagues' input, and this has been considered valuable both in terms of rolling out national winter planning guidance, but also in developing strong relationships as the plan has been developed under the overarching

umbrella of the 6 Essential Actions initiative for unscheduled care in Scotland, namely;

- Clinically Focussed and Empowered Hospital Management
- Hospital Capacity and Patient Flow (Emergency and Elective) Realignment
- Patient Rather Than Bed Management – Operational Performance Management of Patient Flow
- Medical and Surgical Processes Arranged to Improve Patient Flow through the Unscheduled Care Pathway
- Seven Day Services Appropriately Targeted to Reduce Variation in Weekend and Out of Hours Working

4. Main Report

4.1 The Edinburgh allocation associated with wider community health and social care services and supports amounts to £2.308m. This compares to £604k allocated last year.

4.2 In addition to the Edinburgh specific breakdown below, amounting to £2.188m, an additional £120k has been allocated, within the Royal Infirmary of Edinburgh allocation, to the South East Edinburgh Test of Change, which aims to test a new model of working, which is an assets based approach to improve integrated working across Acute, Primary Care, Health and Social Care services to:

- Prevent avoidable admission
- Increase the number of supported discharges to this locality and get patients home
- Develop a co-ordinated, responsive model of care through the locality hub approach

4.3 This will allow people to:

- stay at home safely
- be discharged home safely, within 72 hours of discharge decision being made
- receive the right care and support in a responsive manner

NHS Lothian Winter Plan

4.4 The outline of the other successful areas of work to the value of £2.188m, to support winter capacity in Edinburgh is noted below:

Site	Action	Type of Resource	Revised 15/16 Plan '000
Edinburgh	Enhancing Intermediate Care - 7 day working to optimise 7 day discharge	enhanced staffing	78
Edinburgh	Long Term Conditions/ COPD Pathway - Community Respiratory Hub	enhanced staffing	50
Edinburgh	Test - Band 4 OT Support at Liberton - using Band 3 backfill to creat post	AHP	26
Edinburgh	OT weekend cover at Liberton / AAH	AHP	3
Edinburgh	Physiotherapy weekend cover at Liberton /AAH	AP	3
Edinburgh	Physiotherapy at Home at weekends and public holiday cover	AHP	8
Edinburgh	Agency Staff Costs to cover social care support for the intermediate care service	enhanced staffing	20
Edinburgh	Home care expansion	DD staffing	755
Edinburgh	Reablement packages	DD staffing	580
Gylemuir House	Gylemuir expansion	DD Gylemuir	665
Edinburgh Total			2188

Source: extract from Lothian's Winter Plan 2015-16

4.5 The funding in this chart includes a contribution of £2 million from the Scottish Government for our bridging finance proposal. The most recent negotiations indicated the initial transfer of £1 million, followed by a further £1 million and potentially an addition £1 million depending on performance.

4.6 Given the South East Edinburgh Test of Change, the way in which the resources above eventually are allocated is likely to be flexible in order to support the implementation of the hub model.

4.7 Governance associated with the implementation of the Winter Plan for Edinburgh sits with the Chief Officer.

Update on bridging finance proposals

4.8 Gylemuir House initially operated 30 beds. An additional 15 beds were opened in September 2015 and a further 15 beds are expected to open in December 2015, bringing the total to 60.

4.9 There is process underway to recruit additional staff to the Reablement service. The lead in time for recruitment is three months. It is anticipated that 15 staff will be in place by mid-December, followed by a further 22 by the end of January, 20 by the end of February, and 20 by the end of March.

Health and Social Care Partnership Winter Resilience Plan

4.10 Health and Social Care and NHS Lothian have jointly produced a “Health and Social Care Partnership Winter Resilience Plan” for 2015/16. The plan considers the required staffing levels over winter, particularly during peak times around Christmas and New Year, and plans for additional recruitment. An analysis of hospital discharge referrals for previous winters has shown that peak times are at the beginning of December then, following a lull over Christmas, January through to Easter. We believe the key pressure points to be:

- Week beginning 14 Dec 2015
- 23 and 24 December 2015
- Week beginning 28 Dec 2015
- Week beginning 4 January 2016

4.11 Most services will continue to support clients throughout festive period. Care homes will be fully staffed over the entire winter and festive period. Home Care will deploy 95% of its normal staffing levels throughout the festive period. Intermediate Care will have therapy cover throughout the winter, with the exception of 25 December and 1 January. Sector teams will ensure adequate levels of routine staffing levels over the festive period. However, they will limit the scheduling of routine assessments over the festive period to ensure urgent cases are dealt with. All hospital social work teams will operate a normal level of service throughout the winter period. Staffing levels will be maintained so that patients can be routinely assessed and emergencies can be adequately dealt with.

Severe Weather Contingency Plan

4.12 In addition, a Severe Weather Contingency Plan has been produced for Health and Social Care. Key points include:

- Care homes for older people have been assigned as priority locations for road clearance and gritting – in-house and contracted.
- Health and Social Care services will share information from Departmental, Council and NHS systems to help identify vulnerable people living in the community in order to protect their vital interests during instances of severe weather where there are concerns for their safety.
- Emergency supplies will be provided to those assessed as requiring them. Social Care Direct will make the assessment.

- Personal Protective Equipment will be provided to workers exposed to severe winter weather when their work location is primarily outside (subject to further review and decision).
- The resourcing and coordination of 4 wheel drive vehicles and the equipment for other vehicles (e.g. winter weather snow tyres) will be undertaken by Corporate Governance, based on an assessment of the needs of all departments. Health and Social Care will lease an additional three 4x4s for the winter period.
- Home care and Intermediate Care services may be able to draw on staffing resources from day care / disability services if they are not operating in a period of severe weather.
- Care homes have an arrangement in place to have back-up generators installed within 4-6 hours in the event of a power failure to prevent the need for closure of beds.
- Staff could be relocated based on priorities during severe weather.

5. Key risks

5.1 The key risk associated with Lothian's plan as well as Edinburgh's plan remains the ability to recruit staff to posts. This risk is similar to that which has been identified previously as part of the wider Edinburgh Older People Transformation Plan.

6. Financial implications

6.1 The resource implications of this year's Lothian winter plan total £6.4 million. This compares to a total of £3.6 million outlined last year.

6.2 These allocated funds will support a range of options which will not focus solely on bed capacity within acute hospitals but will, more appropriately, focus on targeted infrastructure initiatives within localities and communities to reduce admissions and improve safe and effective discharges.

6.3 The following table outlines the various funding sources that make up Lothian's winter planning allocation this year. Of this amount, £2.9 million is set aside for acute care costs (including facilities and transport) while a total of £3.5 million is set aside to support primary and social care services, with Edinburgh securing £2.038 million overall.

WINTER INCOME SOURCES	Amount (000)
USC WINTER FUNDING (Beds/ Surg/ Flu)	£2,561
Additional SG Funding	£870
Delayed Discharge Funding	£2,000
Assumed Further Delayed discharge monies	£1,000
Grand Total	£6,431

7. Involving people

- 7.1 This report draws on Lothian's Winter Plan, which has had extensive involvement of all sectors, with Edinburgh partnership representatives being indicated in the Winter Planning Project Board Membership 2015- 16.

8. Impact on plans of other parties

- 8.1 The older people Transformation Plan, which sets out the utilisation of Scottish Government bridging finance, to rebalance care to community settings, is a key component of setting the foundation for winter plans this year.
- 8.2 Additionally, the ability to apply future progress towards the vision in the Edinburgh IJB Strategic Plan relies on a strong foundation being achieved this winter.

Background reading/references

Lothian's Winter Plan 2015-16

<http://www.nhsllothian.scot.nhs.uk/OurOrganisation/KeyDocuments/Documents/NHSLothianWinterPlan2015-2016.pdf>

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Monica Boyle, Head of Older People and Disability Services

Tricia Campbell, Senior Manager Older People

Links to priorities in strategic plan

Right care, in the right place, at the right time

The plans support the Board's commitment to ensuring people are assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary, with timely and appropriate discharge

Making best use of capacity across the whole system

The plans will increase effective use of the full range of

community based and organisational assets, which will increase or release capacity across the system

Managing resources effectively

The plans will support the effective management of resources through the unblocking of resources in hospitals and community.

Prevention and early Intervention

The plans will enable people to return to independent living and reduce reliance on care services wherever possible.

Integration Joint Board: Development Sessions 2015/16

Grey Shade indicates completed

Date	Venue	Subject	Lead	Others involved
14 August 15	Mtg room 7, Waverley Gate. 9.30 – 12.30	Older People's Services	(1) Monica/Libby (2) Rona, Gillian, Monica	Alex, Michelle and Melanie
16 October 15	Business Centre, City Chambers. 9.30 – 12.30	Mental health and substance misuse Learning Disability Service Developments	Gillian Crosby, Colin Beck and Tim Montgomery	Michelle, Alex and Susanne
11 December 15	Mtg room 7, Waverley Gate, 9.30 – 12.30	Strategic Plan and financial planning	Wendy, Libby and Moira	TBC
12 February 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Final 'Go-live' prep: Financial and performance governance Risk Management PTA services	Moira Pringle Eleanor Cunningham Sue Gibbs/Rebecca Tatar/MAL Jo Bennett Michelle Miller Susanne Harrison, Alex McMahon	TBC
15 April 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Localities – - Planning - Partnership - model of operation	Interim Localities Managers	TBC
17 June 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Primary Care capacity and Long terms conditions	TBC	TBC

19 August 16	Mtg room 8, Waverley Gate, 9.30 – 12.30	Strategic use of Information and ICT <ul style="list-style-type: none"> including tele-health and tele-care include information and discussion on the ethical/regulatory barriers present to sharing information and how these can evolve to support integration and third and other sector involvement generic assessments 	Martin Egan Claudette Jones	TBC
14 October 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Substance Misuse – Alcohol and Drugs	TBC	TBC
16 December 16	Mtg room 8, Waverley Gate, 9.30 – 12.30	Clinical and Care Governance Service/quality improvement and professional/clinical governance and relationship to NHS and Council structures	CSWO Chief Nurse Lead Clinicians (TBC)	TBC

Additional suggestions:

- Sessions on individual client groups/ transformation priorities of the Strategic Plan still remaining to be covered: prevention, workforce planning and development; reducing inequalities. (others to be added once SP completed) (to be put into the context of the strategic plan and opportunities to do things differently within a reduced budget),
- Remaining Governance and Cultural matters
 - Culture of IJB (national programme)
 - Outcomes (national programme)
 - Decision-making arrangements (national programme)
 - Leadership (national programme)
 - Skills for Board members, e.g. responsibilities, workforce reconfiguration in a public sector environment, legal responsibilities and liabilities
 - Staff engagement
 - Review of Professional Advisory Committee(being covered in report style at Business Meeting – TBC)



Report

Deputations

Edinburgh Integration Joint Board

20 November 2015

Executive Summary

1. The Edinburgh Integration Joint Board (IJB) at its meeting on 17 July 2015 requested a report outlining options for the use of deputations at the IJB.

Recommendations

2. To agree to pilot deputations at the IJB and its committees for six months using the procedure outlined in appendix one.
3. To note that following the pilot period, a report reviewing the procedure would be submitted to the IJB.

Background

4. The Edinburgh Integration Joint Board (IJB) at its meeting on 17 July 2015 requested a report outlining the options for the use of deputations at the IJB. On 25 September the IJB agreed in principle to allow deputations at some of its meetings. It further requested guidelines on how deputations would work in practice and whether there was any scope to allow for a pilot period.
5. Deputations are currently heard by the City of Edinburgh Council at meetings of the Council and its committees. In this context a deputation is when a representative of a group or organisation addresses a Council committee meeting on an issue on that meeting's agenda.
6. Deputations aim to encourage greater public participation in the democratic process. They allow groups and organisations to put their point of view directly to decision makers and influence the issues that matter to them.

Main report

Eligibility

7. The use of deputations to represent individual views would be unrealistic for the IJB to manage in terms of time or resources and could hinder the effectiveness of Board

meetings. The aim of deputations is to provide a facility for the community and other groups, with a common goal, to submit their views directly to the IJB. Accordingly, deputations should only be accepted from an office bearer or spokesperson of an organisation or group. This will assist in ensuring that deputation requests are generally representative of a group of people, are submitted by the named organisation or group and not just a member, and that individual requests are discouraged.

8. Many deputation requests will only be submitted once the agenda is published. However, sufficient time to submit a request must be balanced with giving appropriate preparation time if necessary. Therefore it is suggested that deputation requests must be submitted to the clerk by 5pm two days before the meeting takes place. This will allow for sufficient time for any pre-meeting consideration.
9. Exceptionally it is proposed that the Chair be given the discretion to waive the requirements in paragraphs 7 and 8, outlined above, if they determine it is appropriate.
10. A request will only be put to the IJB or the committee if it is regarding an item on the agenda. This is to avoid lengthy discussions on areas that the IJB or committee is unable to make a decision on and help ensure there is an identifiable outcome with every deputation.

The Meeting

11. The 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.
12. A deputation has ten minutes to present their case; they can then be asked questions by the members of the IJB or committee. If there is more than one organisation or group speaking on a particular issue, the Chair can alter the time period given to each deputation. Thereafter the deputation is asked to retire to the public seating area to watch the debate and decision on the matter. The deputation does not take any part in the debate or the discussion of the relevant item.

Future arrangements

13. Hearing deputations at IJB meetings will allow organisations and groups to publicly address IJB members. It will encourage engagement, participation and interest in the role of the IJB. IJB papers are published online which will allow organisations and groups to be able to see the issues being considered and decide whether to make a deputation. This will ensure that the system is transparent and open to all. This option will also provide the opportunity for the deputation to have a real impact assisting the IJB make informed decisions.
14. The procedures above are designed to make the deputation process as easy as possible for those making a request but also mitigate any disruption they could pose to the smooth running of the IJB but it is difficult to determine at this stage what the appetite will be for deputation requests. As an interim measure it is suggested that a pilot be introduced for a six month period which incorporates the procedure outlined

in appendix one but which is subsequently reviewed at the end of the period to determine if it should be continued.

Scope

15. It is suggested that initially deputations should only be permitted at the IJB and its committees. If following the pilot period, it is felt that this was either inappropriate or insufficient these provisions can be reviewed.

Procedure

16. The procedure outlined in the paragraphs above is contained in appendix one. If the pilot exercise is successful it is recommended that this is incorporated into Standing Orders.

Key risks

17. There is a risk that a significant number of deputation requests will be submitted which could detrimentally impact on the decision making of the IJB. By undertaking a pilot period of six months, with a subsequent review, the impact can be assessed.

Financial implications

18. There are no financial implications connected with this report. Deputations could be adopted at no cost.

Involving people

19. Deputations could be an additional element of the IJB in engaging with the public and encouraging participation. It would provide a new avenue for organisations and groups which wish to influence the IJB and provide greater involvement in the IJB's decision making process.

Impact on plans of other parties

20. There is no known impact on the plans of other parties.

Background reading/references

Edinburgh Integration Joint Board's Standing Orders
[City of Edinburgh Council's Procedural Standing Orders](#)

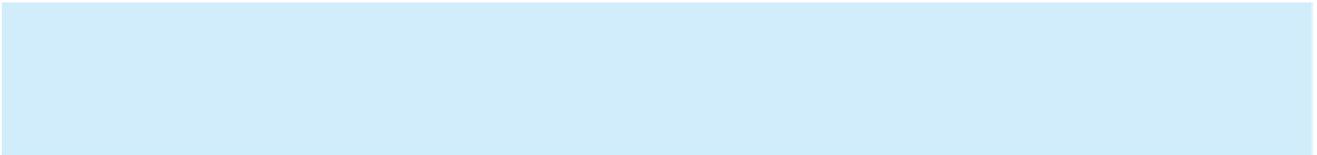
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Links to priorities in strategic plan



Appendix 1

Deputation Process

- 1.1. Deputation requests must be submitted to the clerk by 5pm two days before the meeting takes place;
- 1.2. Deputations should only be accepted from an office bearer or spokesperson of an organisation or group;
- 1.3. The Chair has the discretion to waive the requirements in the above paragraphs if they feel it is appropriate;
- 1.4. Deputations can only be on an agenda item being considered at that meeting;
- 1.5. The 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;
- 1.6. 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;
- 1.7. Following questions the deputation is asked to retire to the public seating area to watch the debate and decision on the matter. The deputation does not take any part in the debate or the discussion of the relevant item.



Report

Audit and Risk Committee

Edinburgh Integration Joint Board

20 November 2015

Executive Summary

1. Approval is sought for the creation of an Audit and Risk Committee. The committee will be an important component to ensure appropriate consideration of governance, risk and assurance matters. The creation of the committee will be in line with good practice governance standards in the public sector.

Recommendations

2. To agree to establish an Audit and Risk Committee.
3. To agree the terms of reference as detailed in appendix 1 to this report.
4. To appoint the membership of the committee.
5. To appoint the chair of the committee.

Background

6. The Edinburgh Integration Joint Board (IJB) on 25 September 2015 agreed that an audit and risk committee with a wide ranging remit should be established. The IJB asked for a report to its next meeting on possible membership and a terms of reference.
7. The IJB is required to be satisfied that its functions are being carried out in line with legal and regulatory requirements. In the interests of efficient governance, the relevant committees of NHS Lothian and the City of Edinburgh Council will continue to discharge their existing remits for assurance and scrutiny of matters such as the internal control framework, quality and professional standards and compliance with the law. This will help avoid unnecessary duplication of governance activity.
8. Scottish Government guidance on financial integration highlights that an IJB audit committee will have an important role to play in the assurance process through assessment of objectives and risks. They advise that the IJB should make appropriate and proportionate arrangements, for consideration of the audit provision and annual financial statements, which are compliant with regulations and good practice governance standards in the public sector.

9. The Integration Scheme sets out that the IJB, NHS Lothian and the Council will have a shared risk management strategy.

Main report

10. An effective audit and risk committee is key to a strong governance culture and to help ensure that a robust framework is in place to provide assurance on risk management, governance and internal control, provide effective scrutiny of the IJB's functions and consider the changes necessary to improve on these arrangements.
11. The audit and risk committee would monitor and scrutinise risk management. This would include reviewing the risk register and scrutinising the risk management strategy before the IJB approves it. Risk Registers will assist with the identification of the issues and the areas that require further assurance with a view to highlighting improvement actions.
12. The committee will scrutinise and approve the IJB's internal audit plan for the year and scrutinise the internal audit reports.
13. The committee will be required to determine how much assurance it requires, in what areas this should be focussed on and where this should be obtained from.
14. It will review and challenge the assurance in place and what is provided to the committee. This challenge should include exploring whether the assurance provided is accurate and reliable and whether the conclusions provided are reasonable.
15. The committee will primarily draw its assurance from the systems of governance in place at NHS Lothian and the City of Edinburgh Council. However, it can decide to commission or receive additional work if it sees fit although this will need to be balanced with how this work is resourced and financed. Reports considered by NHS Lothian and the City of Edinburgh Council on the delegated functions will be shared with the Audit and Risk Committee to scrutinise when it is determined necessary.
16. The committee will be required to consider information on financial matters. It will consider and make recommendations to the IJB on the approval of the Annual Accounts and it will scrutinise the External Audit Plan and outcomes.
17. The committee's primary role would be non-decision making and would advise the IJB on matters such as the risk management strategy and annual accounts prior to the decision being taken. It would though have the power to agree its own audit plan, using risk to assist in the deliberations.
18. It is important that the committee has access to IJB members and employees to ensure it can effectively carry out its role. As a result it is proposed that the committee has the authority to require that an IJB member or an employee of the IJB, NHS Lothian and the City of Edinburgh Council attends the committee to provide information on a matter.

Membership and Meeting Arrangements

19. The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out that the committee's chair and membership must be appointed by the IJB. It must include voting members and must include an equal number of health board and local authority appointees on the IJB.
20. It is proposed that the IJB appoint the membership of the Audit and Risk Committee as six members, two from those appointed to the IJB by NHS Lothian, two appointed by the City of Edinburgh Council and two non-voting members of the IJB.
21. Substitutes are permitted from the membership of the IJB and the quorum for the meeting will be at least half of the voting members.
22. The IJB is required to appoint the chair and it is recommended that the chair or vice-chair of the IJB should not be members of the Audit and Risk Committee. All members of the IJB will have right of access to the papers of the committee.
23. It is proposed that the committee should be given the power to co-opt members for one year as outlined in the IJB's Standing Orders. This could be used to supplement the committee's knowledge, skills and experience. A co-opted member can not be a member of the IJB and can not vote.
24. The role of an Audit and Risk Committee member will be complex and accordingly mandatory training will be made available.
25. The Chief Officer, the Chief Finance Officer and the Chief Internal Auditor will be frequent participants of the committee. They will report to the committee, provide information and participate in discussions. They will not be members of the committee and will not be able to vote.
26. Meetings of the committee shall be held at a frequency determined by the committee. The chair can call a meeting when they see fit but there should be at least four meetings a year as per the guidance by the Scottish Government.
27. The IJB's standing orders apply to this committee.

Chief Internal Auditor

28. It is best practice for the IJB to appoint a Chief Internal Auditor. This appointment will assist in guiding the committee in identifying the scope of the assurance required and the detail necessary to achieve this. The Chief Internal Auditor will also liaise with NHS Lothian and the City of Edinburgh Council's internal audit functions over any work performed by them that may impact the services provided by the IJB.

Financial implications

29. There are no financial implications connected with this report.

Involving people

30. This report has been written in consultation with officials from NHS Lothian and the City of Edinburgh Council.

Impact on plans of other parties

31. There is no known impact on the plans of other parties.

Background reading/references

Edinburgh Integration Joint Board's Standing Orders
Scottish Government Guidance for Integration Financial Assistance
Scottish Government – Audit Committee Handbook

Report author

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Links to priorities in strategic plan

Audit and Risk Committee Terms of Reference

Membership: 6 members

- 32. Two members of the IJB appointed by NHS Lothian
- 33. Two members of the IJB appointed by the City of Edinburgh Council
- 34. Two non-voting members of the IJB

Chair

- 35. The chair of the committee requires to be appointed by the IJB.

Quorum

- 36. Two voting members of the Audit and Risk Committee will constitute a quorum.

Substitution

- 37. Substitutes are permitted from the membership of the Integration joint Board.

Remit

- 38. To monitor and scrutinise the effectiveness of audit and inspection, risk management, governance arrangements and the financial and internal control environment regarding the Integration Functions.
- 39. To agree the Internal Audit Charter.
- 40. To approve the annual internal audit plan and review all audit work against this plan.
- 41. To scrutinise and consider the annual internal and external audit plans and reports.
- 42. To scrutinise and review the risk management strategy and risk register.
- 43. To scrutinise the annual accounts.
- 44. To review the IJB's arrangements to prevent bribery and corruption within its activities.
- 45. To advise the IJB on any matter contained in the committee's remit.



Report

Developing Risk Management Integration Joint Board

20 November 2015

Recommendations

1. The Edinburgh Integration Joint Board (IJB) approves the proposed approach detailed within this report.

Background

2. Risk Management is a powerful management tool forming a key part of the IJB's second line of defence. Effective risk management across the Partnership (City of Edinburgh Council and NHS Lothian) will be critical to delivering the services and objectives set out in the Strategic Plan.
3. Some of the key benefits of successful risk management include:
 - supporting the delivery of the Strategic Plan and ensuring organisational ability to deal with events that may hinder achievement of the objectives;
 - supporting effective use of resources by helping management focus resource on critical areas;
 - providing assurance for key stakeholders;
 - ensuring compliance with regulatory and governance requirements, and
 - minimising the number of significant shocks and unwelcome surprises.

Main report

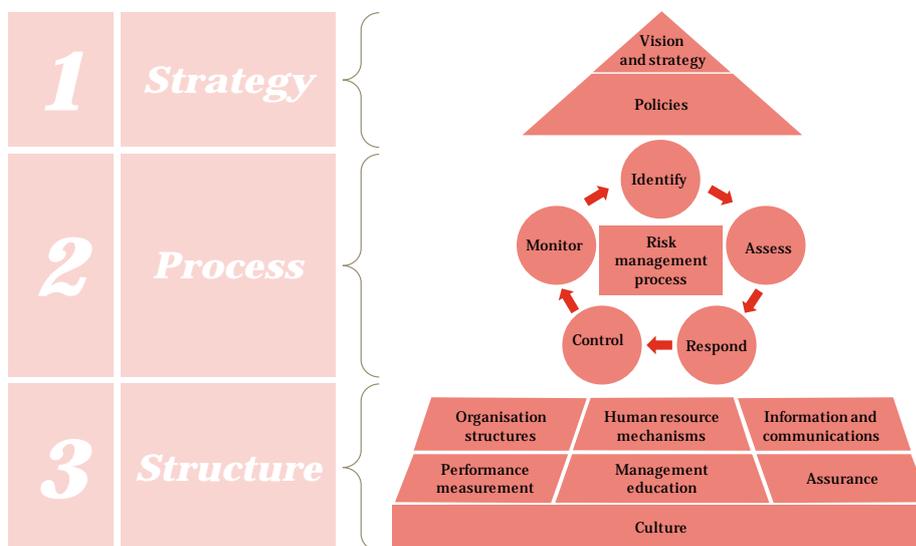
4. The IJB is tasked with overseeing a fit for purpose risk framework to adequately record, manage and escalate risk across the Partnership.
 - What should the IJB require of its risk management processes and oversight?
 - What is the IJB's risk appetite?
 - How will the risks be managed?

5. The proposed approach to assist the IJB is broken down into the five phases below:



6. **Phase 1 – Articulate Risk Appetite and Framework:** At the outset, work should focus on understanding the priorities of the IJB, the national health and well being outcomes, the integration delivery principles and the risk landscape. The IJB’s risk appetite regarding key types of risk facing it should be determined.

7. Effective risk management should be embedded in the day to day activities of an organisation. An active and aligned structure that supports effective risk management is key, as is the tone from the top, common risk language and regular discussion.

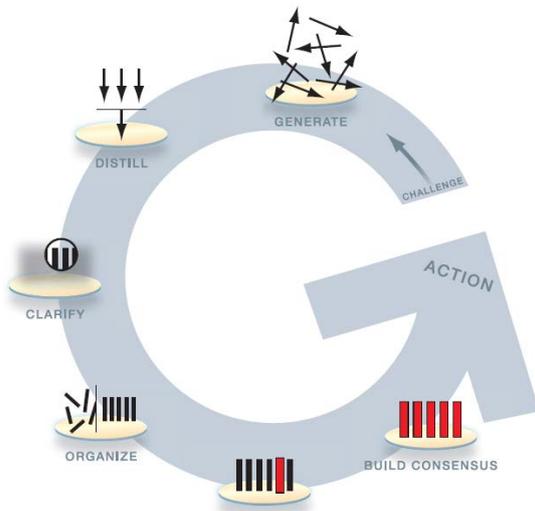


8. **Phase 2 – Identify current risks:** Engagement with the integrated senior management team and IJB members to understand the current key risks facing the IJB. This may be face-to-face or in a workshop setting. Focus will concentrate around key risks to achieving objectives of the IJB, the national health and well being outcomes, the integration delivery principles and the broader Strategic Plan.

9. **Phase 3 – Risk prioritisation workshop(s):** Facilitated workshop(s) with the integrated senior management team, IJB members and, where required, other key stakeholders, to determine the inherent score for all key risks identified and to consider key mitigating controls in place. This will provide the IJB with a clear view of the priority of the key risks to enable the implementation of effective strategies to manage and monitor the risks facing the IJB and the wider partnership.

10. To ensure efficiency and effectiveness of the workshop(s), the integrated senior management team and IJB will have access to a confidential web-based collaboration system called ‘Think Tank’. The tool accelerates workshop sessions, providing fast, anonymous entry by participants. Support and guidance will be provided to participants through use of the tool.

The Think Tank tool has been used extensively for risk management with leadership teams and boards. Previous participants have regarded it as invaluable to running efficient and effective workshops and feedback has been universally positive.



11. Phase 4 – Residual risk scoring and action plans: The list of prioritised risks identified by participants will be used to:

- Formulate the current response and action plans to mitigate or manage such risks
- Assess the residual risk after mitigation plans; and
- Plan ongoing actions for unmitigated risks.

12. This process will identify the top risks facing the IJB and the partnership which will require either:

- Tolerating and accepting the risk at the current level;
- Developing or articulating controls or developing an effective mitigation strategy; or
- Transferring the risk for example, by delegating responsibility to a specific partner.

Risks identified will typically include:

- Those that you can control, for example:
 - Quality
 - Finance and budgets
 - Service delivery
 - IT effectiveness
 - Health & Safety
- Those to which you have to react and plan an appropriate response, for example
 - External factors
 - Policy changes
 - Elections
 - Regulation

13. Phase 5 – Determining the approach to overseeing risk: This phase will be when the IJB identifies the key review timetable, reports and other information it requires to oversee risk management in the partnership. For example:

- Frequency and depth of reviews of risks and their management;
- Type of management information required for those reviews and monitoring purposes;
- Risk rating criteria, escalation procedures and layout of Risk Register.

The risk process will be overseen through the Audit and Risk Committee which, in turn, will keep the Edinburgh IJB informed of major risks and mitigating actions when necessary.

Key risks

14. The risks of not embedding a robust approach to risk management from the outset of the partnership include:

- Inability to achieve the IJB's Strategic Plan
- Ineffective and inefficient service delivery
- Financial inefficiency and loss
- Reputational damage to the IJB, the Health Board and the Council

Financial implications

15. The approach to risk management identified above will assist the IJB to identify and manage financial risks.

Involving people

16. Key officers have been consulted.

Impact on plans of other parties

17. There are no impacts on the plans of other parties.

Background reading/references

Integration Scheme Section 14.

http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/55/final_integration_scheme_may_2015

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Links to priorities in strategic plan

Managing our resources effectively

Making the best use of our shared resources (people, buildings, technology, information, procurement approaches) to deliver high quality, integrated and personalised services, which improve the health and wellbeing of citizens whilst managing the financial challenge.



Report

Scottish Government Consultation response: Ombudsman Integration Joint Board

20 November

Recommendations

1. The IJB approves the consultation response to the proposed amendment of the Scottish Public Services Ombudsman (SPSO) Act 2002 to add Integration Joint Boards to the 'listed authorities' set out in Schedule 2 of the 2002 Act.

Background

2. The Scottish Government wrote to all Chief Officers in early October consulting on a proposed amendment to the Scottish Public Services Ombudsman Act 2002 to add 'Integration Joint Boards to the 'listed authorities' set out in Schedule 2. The letter is provided in Appendix 1.

Main report

3. The effect of the proposed amendments will mean that the SPSO will be able to investigate actions of the Integration Joint Boards in carrying out its duties, or any service failure attributable to an Integration Joint Board.
4. The SPSO cannot, however, investigate the merits of a decisions taken within the Integration Joint Board's direction unless there has been a maladministration in the taking of that decision.
5. It will also mean that there would be a legal requirement for Integration Joint Boards to have a complaints handling procedure in place for a complaint in relation to their duties and that this procedure complies with the SPSO's principles on complaints handling procedures.
6. It is expected that there will be only a small number of complaints against an Integration Joint Board that can be investigated by the SPSO.
7. Both NHS Boards and local authorities are currently subject to the Act in question and it would seem reasonable to include the Integration Joint Boards, as new public bodies.

8. It should also be relatively straightforward to adapt and / or adopt the current NHS Lothian and / or Council complaints procedures for the Edinburgh Integration Joint Board.
9. As a result it is recommended that the Edinburgh Integration Joint Board supports the proposed amendment

Key risks

10. There are no risks associated with this report.

Financial implications

11. There are no financial implications associated with this report, however there will be resource implications in the design of a complaints procedure once this becomes law.

Involving people

12. Key officers have been consulted in the consultation on this matter.

Impact on plans of other parties

13. There are no impacts on the plans of other parties.

Background reading/references

Appendix 1: Consultation Letter from Scottish Government
Appendix 2: Proposed Response: Proforma

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Links to priorities in strategic plan

**Person
Centred
Care**

It is important that individuals who are dissatisfied with the services they receive have an independent route to investigate their complaints and concerns.

DRAFT

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Chief Officers of Integration Joint Boards;
NHS Chief Executives (Territorial Boards);
Healthcare Improvement Scotland;
Local Authority Chief Executives;
SOLAR;
SOLACE;
COSLA;
Care Inspectorate;
Scottish Local Government Partnership;
Scottish Public Service Ombudsman.



14 October 2015

Dear Colleagues

Consultation letter

The Public Bodies (Joint Working) (Scotland) Act 2014¹(the Act) puts in place arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. Integration Joint Boards will be new public bodies and as such they will not be covered by existing legislation in relation to complaints raised against their duties.

The Scottish Government has issued guidance on the Roles, Responsibilities and Membership of the Integration Joint Board². This details the arrangement and principles by which Integration Joint Boards are currently expected to handle complaints against them.

The Scottish Government however proposes to make an amendment to Schedule 2 of the Scottish Public Services Ombudsman Act 2002 (“the 2002 Act”) to add Integration Joint Boards to the ‘listed authorities’ set out in Schedule 2 of the 2002 Act, which will mean there will be a legal requirement for Integration Joint Boards to establish a complaints procedure. This letter sets out the reasons for the proposal, explains the effect of the changes, and seeks views on the proposal.

Proposed Legislative changes

The Scottish Public Services Ombudsman Act 2002³ (“the 2002 Act”) sets out, among other things, a list of public bodies [and persons] subject to investigation by

¹ [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

² [Roles, Responsibilities and Membership of the Integration Joint Board](#)

the SPSO. Investigation by the SPSO is, in the view of the Scottish Government, an appropriate final independent stage for an IJB complaints procedure. For an IJB to have a complaints procedure which complies with the SPSO model complaints procedure, it is necessary for complaints to be able to be referred to the SPSO.

As new bodies, Integration Joint Boards do not currently appear on the list of bodies, set out in Schedule 2 of the 2002 Act, which may be investigated by the SPSO. The Scottish Government are proposing to make an Order in Council under section 3(2)⁴ of the 2002 Act to amend this list. Adding Integration Joint Boards to Schedule 2 to the 2002 Act provides for the SPSO to have the investigatory powers set out in section 5(1)⁵ of the 2002 Act, subject to the restriction in section 7⁶.

Effect of the proposed legislative changes

The above changes will have the effect of providing for the SPSO to investigate actions of the Integration Joint Boards in carrying out its duties, or any service failure attributable to an Integration Joint Board. The SPSO cannot, however, investigate the merits of a decision taken within the Integration Joint Board's discretion, unless there has been maladministration in the taking of that decision.

Within these limitations it is expected that there will only be a small number of complaints against an Integration Joint Board that can be investigated by the SPSO – most issues raised about, for example, strategic planning, will likely be about the merits of a decision rather than in relation to carrying out a consultation.

Additionally, including Integration Joint Boards in Schedule 2 would also place a legal requirement on Integration Joint Boards to have a complaints handling procedure in place for complaint in relation to their duties (as required by section 16A (2)(a) of the 2002 Act). Currently there is no such legal requirement for Integration Joint Boards. The complaints procedure will also have to comply with the SPSO's principles on complaints handling procedures.

Views

We are taking this opportunity to invite comments on the proposal to add Integration Joint Boards to the list of the bodies set out in Schedule 2 of Scottish Public Services Ombudsman Act 2002 which will mean there will be a legal requirement for Integration Joint Boards to establish a complaints procedure.

You are asked to indicate whether or not you support the proposed amendment to the Scottish Public Services Ombudsman Act 2002 and the inclusion of Integration Joint Boards in the list of bodies set out in Schedule 2. If you do not support the proposals we would ask you to provide details outlining your concerns about the proposed amendment.

³ [The Scottish Public Services Ombudsman Act 2002](#)

⁴ [Section 3 and schedule 2 – Persons liable to investigation.](#)

⁵ [Matters which may be investigated](#)

⁶ [Matters which may be investigated: restrictions](#)

A full list of those who have been invited to respond has been set out at **Annex A**

I would be grateful if you could send your response, using the template provided at **Annex B** to the following e-mail address IRC@scotland.gsi.gov.uk by **12 November 2015**.

If you have any queries in relation to this letter please contact me via e-mail brian.nisbet@gov.scot or on 0131 244 3588.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Brian Nisbet', enclosed in a thin black rectangular border.

Brian Nisbet
Integration and Reshaping Care Division

Annex A List of invited respondents

1. East Ayrshire Integration Joint Board
2. North Ayrshire Integration Joint Board
3. South Ayrshire Integration Joint Board
4. Argyll and Bute Integration Joint Board
5. East Dunbartonshire Integration Joint Board
6. East Lothian Integration Joint Board
7. East Renfrewshire Integration Joint Board
8. Edinburgh City Integration Joint Board
9. Inverclyde Integration Joint Board
10. Midlothian Integration Joint Board
11. North Lanarkshire Integration Joint Board
12. Renfrewshire Integration Joint Board
13. Shetland Islands Integration Joint Board
14. West Dunbartonshire Integration Joint Board
15. South Lanarkshire Integration Joint Board
16. West Lothian Integration Joint Board
17. Perth and Kinross Integration Joint Board
18. Dundee City Integration Joint Board
19. Angus Integration Joint Board
20. Dumfries and Galloway Integration Joint Board
21. Fife Integration Joint Board
22. Clackmannanshire and Stirling Integration Joint Board
23. Falkirk Integration Joint Board
24. Western Isles Integration Joint Board
25. Glasgow Shadow Integration Joint Board
26. Orkney Shadow Integration Joint Board
27. Scottish Borders Shadow Integration Joint Board
28. Moray Shadow Integration Joint Board
29. Aberdeen City Shadow Integration Joint Board
30. Aberdeenshire Shadow Integration Joint Board
31. NHS Ayrshire and Arran
32. NHS Borders
33. NHS Dumfries and Galloway
34. NHS Fife
35. NHS Forth Valley
36. NHS Grampian
37. NHS Highland
38. NHS Greater Glasgow and Clyde
39. NHS Lanarkshire
40. NHS Lothian
41. NHS Orkney
42. NHS Tayside
43. NHS Shetland
44. NHS Western Isles
45. Aberdeen City Council
46. Aberdeenshire Council
47. Angus Council
48. Argyll and Bute Council
49. City of Edinburgh Council
50. Clackmannanshire Council
51. Comhairle nan Eilean Siar
52. Dumfries and Galloway Council
53. Dundee City Council
54. East Ayrshire Council
55. East Dunbartonshire Council
56. East Lothian Council
57. East Renfrewshire Council
58. Falkirk Council
59. Fife Council
60. Glasgow City Council
61. Highland Council
62. Inverclyde Council
63. Midlothian Council
64. Moray Council
65. North Ayrshire Council
66. North Lanarkshire Council
67. Orkney Islands Council
68. Perth and Kinross Council
69. Renfrewshire Council
70. Scottish Borders Council
71. Shetland Islands Council
72. South Ayrshire Council
73. South Lanarkshire Council
74. Stirling Council
75. SOLAR
76. SOLACE
77. COSLA
78. Care Inspectorate
79. Healthcare Improvement Scotland
80. Scottish Local Government Partnership
81. Scottish Public service Ombudsman

Annex B – Consultation Response

Name:

Organisation:

Position:

Question 1: Do you support the proposal to add Integration Joint Boards to the list of the bodies set out in Schedule 2 of Scottish Public Services Ombudsman Act 2002 which will mean there will be a legal requirement for Integration Joint Boards to establish a complaints procedure.?

Please place an X in one of the boxes below to indicate your views on the proposal.

Yes		No	
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Question 2: If you do not support the proposed amendment, please outline the reasons for this below.

Annex B – Consultation Response

Name: Robert McCulloch-Graham

Organisation: Edinburgh Integration Joint Board

Position: Chief Officer

Question 1: Do you support the proposal to add Integration Joint Boards to the list of the bodies set out in schedule 2 of Scottish Public Services Ombudsman Act 2002 which will mean there will be a legal requirement for Integration Joint Boards to establish a complaints procedure.?

Please place an X in one of the boxes below to indicate your views on the proposal.

Yes	X	No	
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Question 2: If you do not support the proposed amendment, please outline the reasons for this below.