



**MINUTES OF THE MEETING OF THE  
EAST LOTHIAN INTEGRATION JOINT BOARD**

**THURSDAY 29 OCTOBER 2015  
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

**1**

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**Voting Members Present:**

Councillor S Akhtar  
Mr M Ash  
Councillor S Currie  
Councillor J Goodfellow  
Councillor D Grant  
Professor J Iredale  
Ms A Meiklejohn

**Non-voting Members Present:**

Ms M Allan  
Ms F Duncan  
Dr R Fairclough  
Ms A MacDonald  
Mr K Maloney  
Mrs M McKay  
Mr T Miller  
Mr D Small  
Mr E Stark

**Officers Present:**

Mr D King  
Ms C Lumsden  
Ms J McCabe

**Clerk:**

Miss F Currie

**Apologies:**

Mr A Joyce  
Dr A Flapan  
Dr J Turvil  
Mr A Wilson

**Declarations of Interest:**

None

## **1. MINUTES OF THE EAST Lothian INTEGRATION JOINT BOARD MEETING OF 24 SEPTEMBER 2015 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board meeting of 24 September 2015 were approved.

## **2. MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 24 SEPTEMBER 2015**

The following matters arising from the minutes of the meeting of 24 September 2015 were discussed:

**Delayed Discharges** – David Small reported that the figure for October 2015 was 32, almost double that of September. Of these, 16 had waited over 2 weeks and 9 over 4 weeks. He said that an increased number of referrals and problems with capacity of care had contributed to this figure. Mike Ash suggested that a ‘moving average’ performance report be introduced to monitor progress and that this be added as a standing item on the IJB’s agenda for the next few meetings.

Following a very productive debate, members agreed that more needed to be done to understand why such trends occur and to identify the actions and funding required to address the pressure points. They welcomed the Chair’s proposal that a report be brought to the next meeting of the IJB.

## **3. CHAIR’S REPORT**

The Chair reminded members that the ‘Big Conversation’ event would take place at the Brunton Hall, Musselburgh on Friday 30 October 2015. He said that around 150 attendees were expected, including practitioners, service users, planners and other interested parties.

Referring to the meeting of East Lothian Council on 27 October, the Chair advised members that the Council’s external auditors, KPMG, had been pleased to note the progress of the East Lothian IJB.

The Chair also reported on the appointment of a new Head of Adult Wellbeing advising that, following a failure to appoint following interviews earlier this year, the post had been re-advertised and it was hoped that an appointment would be made before Christmas.

Finally, the Chair advised members that this would be John Iredale’s last meeting. The Chair thanked him for his contribution to the IJB and offered his best wishes for the future.

## **4. COMMISSIONING CARE AT HOME SERVICES: IJB ROLE**

A report was submitted by the Chief Officer of the IJB providing an overview of initial work in the development of a tendering methodology for specialist care at home services as an element of the Strategic Plan. The report also outlined the role of the IJB in the process.

Carol Lumsden, Transformation and Integration Manager, NHS Lothian, presented the report giving members a summary of the key points including the arrangements for

extension of the existing contract and the timescale for development of the new service model. Joanne McCabe advised that a project board would be set up to manage this work and this would report to the IJB through the Strategic Planning Group. The Council would be responsible for the tendering process.

Ms Lumsden and Mr Small responded to a number of questions from members around the IJB's role in determining principles, involvement of stakeholders in the development process, financial considerations and length of contracts.

Margaret McKay commented that potential changes to services created concern and uncertainty for service users and carers. It was therefore essential that they were fully engaged in the process and seen as independent citizens rather than just beneficiaries of welfare.

Councillor Currie concluded that it was crucial for the IJB to fully understand the potential consequences of any changes and to ensure that the new service delivered improved outcomes for service users.

### **Decision**

The IJB agreed:

- i. To note the proposed methodology for the specialist services tendering process and associated timescales.
- ii. That the strategic direction of the specialist services will be determined through a direction from the IJB to East Lothian Council and NHS Lothian as part of the process in delivering the Strategic Plan.

## **5. APPOINTMENT OF CHIEF FINANCE OFFICER**

A report was submitted by the Chief Officer of the IJB seeking agreement to the proposed appointment to the position of Chief Finance Officer.

*Sederunt: David King left the Chamber.*

Mr Small outlined the appointment process indicating that the interviews had taken place on 28 September 2015 and that the panel had unanimously recommended the appointment of David King of NHS Lothian.

In response to questions from members, Mr Small confirmed that the salary costs of the post would be funded by NHS Lothian since the post holder would retain an operational role in NHS Lothian and that the arrangement would be reviewed after 12 months.

### **Decision**

The IJB agreed:

- i. To the appointment of David King to the post of Chief Finance Officer.
- ii. That the appointment was on a two year secondment basis subject to review before the end of the first year.

*Sederunt: Mr King returned to the Chamber.*

## **6. FINANCIAL REGULATIONS FOR THE IJB AND CREATION OF AN AUDIT AND RISK COMMITTEE**

A report was submitted by the Chief Officer of the IJB outlining the Financial Regulations which define the financial roles and outline the financial governance for the IJB and the Terms of Reference (TOR) for the IJB Audit and Risk Committee.

Mr King presented the report advising members of the requirement for the IJB to adopt financial regulations. He explained that these would be supported by a series of financial directives and instructions at a more operational level.

Mr King also outlined the Terms of Reference for the Audit and Risk Committee and confirmed that the IJB was required to nominate a minimum of 4 members (including a Chairperson). The following nominations were made: Mike Ash, Alex Joyce, Councillors Stuart Currie (Chair) and Jim Goodfellow.

### **Decision**

The IJB agreed:

- i. To adopt the financial regulations as outlined.
- ii. To delegate the responsibility for preparing the directives and instruction (to support the Regulations) to the Chief Finance Officer.
- iii. To approve the Terms of Reference of the Audit and Risk Committee and to appoint a chair and three other members (as nominated).

## **7. APPOINTMENT OF A CHIEF INTERNAL AUDITOR FOR THE IJB**

A report was submitted by the Chief Officer of the IJB recommending the appointment of a Chief Internal Auditor (CIA).

Mr King presented the report advising members that the Scottish Government's guidance recommended the role of CIA be populated from either the Health Board or the Council. In the case of the East Lothian IJB, the recommendation was that the Council's Internal Audit Manager be appointed to this role.

### **Decision**

The IJB agreed that the East Lothian Council Internal Auditor Manager be appointed as Chief Internal Auditor for the East Lothian IJB.

## **8. FINANCIAL ASSURANCE AND FINANCIAL REPORTING**

A report was submitted by the Chief Officer of the IJB discussing the financial risks and financial management issues that the IJB will have to manage in relation to the financial allocations (the budget) that East Lothian Council and NHS Lothian will provide to support functions that have been delegated to the IJB.

Mr King presented the report providing the background to the financial allocation the IJB will receive from NHS Lothian and East Lothian Council, including the four services from which budgets would be allocated, and the arrangements for consideration, reporting and sharing of financial risks.

Mr Ash suggested that the Audit & Risk Committee should convene an early meeting to discuss these issues in detail.

Responding to questions from members, Mr King confirmed that the Strategic Plan would include a financial element. Financial planning and tracking would be critical and partner organisations were already considering how these functions could be transferred to the IJB. He said that the Audit & Risk Committee would be involved in this work and a further report on financial assurance would be presented to the IJB in due course.

Mr Small suggested that risk assessment and management might be a topic for a future development session.

### **Decision**

The IJB agreed:

- i. To note the content of the paper.
- ii. To consider the proposal for a risk management strategy.

## **9. STRATEGIC PLAN UPDATE**

A report was submitted by the Chief Officer of the IJB providing an update on the development of East Lothian Integration Joint Board's Strategic Plan for adult services. It supplements the report of 27 August 2015 and identifies key timescales and next steps, including the process of consultation in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Ms Lumsden presented the report referring to work being undertaken to develop the direction of year one of the Plan and outlining the timescales for the next period of consultation.

Councillor Currie commented that the Plan should take a radical approach to the redesign of services, rather than simply offering more of the same. Both the Chair and Keith Maloney agreed that change was important.

Mr Ash said that he hoped that members would see changes within the Plan and that this would form part of a broader spectrum of change over the longer term.

### **Decision**

The IJB agreed to note that a second draft of the Strategic Plan will be presented to them on 26 November 2015 with a proposal for a second period of stakeholder consultation to be held during December 2015 and January 2016.

*Sederunt: Councillor Akhtar and Fiona Duncan left the meeting.*

## **10. CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)**

A report was submitted by the Chief Officer of the IJB seeking approval to apply for the IJB to become a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

Joanne McCabe, Senior Solicitor, presented the report outlining the background and reasons for the IJB to consider joining the Scheme. She confirmed that the cost of membership would be £3000.

### **Decision**

The IJB agreed:

- i. To note the contents of the report.
- ii. To apply to the Scottish Ministers to join CNORIS.

## **11. CODE OF CONDUCT**

A report was submitted by the Chief Officer of the IJB seeking approval of the IJB Members' Code of Conduct for submission to the Scottish Ministers for approval.

Ms McCabe presented the report drawing attention to key element of the proposed Code of Conduct including arrangements for declaring an interest during meetings, the preparation of a Register of Interests for IJB members and the appointment of a Standards Officer.

Responding to questions from members, Ms McCabe confirmed that the Code would apply to both voting and non-voting members ensuring that all IJB members were held to the same standard.

### **Decision**

The IJB agreed:

- i. To approve the draft Integration Joint Board Members' Code of Conduct for submission to the Scottish Ministers for approval.
- ii. That the members should abide by the terms of the draft Integration Joint Board Members' Code of Conduct on an interim basis, pending approval and formal adoption.
- iii. To respond to the Scottish Government's Consultation on the amendment to The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 by agreeing to the proposed changes in relation to Conflict of Interest.
- iv. To note that procedures and forms have been prepared to assist members in completing and maintaining their Registers of Interests and complying with the statutory obligations arising from their appointment to the IJB.
- v. To the appointment of the Chief Officer as the Standards Officer for the IJB.

*Sederunt: Alison MacDonald left the meeting.*

## **12. PROXIES (FOR VOTING MEMBERS)**

A report was submitted by the Chief Officer of the IJB inviting members to note the position with regard to proxies for voting members.

Mr Small presented the report outlining the arrangements within the Council and NHS for identifying proxies should a voting member be unable to attend a meeting of the IJB. He also confirmed that non-voting members could arrange a substitute by prior agreement with the Chair.

**Decision**

The IJB agreed to note the position with regard to proxies for voting members.

**13. MEMBERSHIP OF EAST LoTHIAN PARTNERSHIP**

A report was submitted by the Chief Officer of the IJB seeking agreement to the proposed nominations to the East Lothian Partnership.

Mr Small presented the report outlining that the IJB had been asked to nominate members for the East Lothian Partnership and it was proposed that the nominations should be the Chair and Chief Officer.

**Decision**

The IJB agreed the nominations of the Chair and Chief Officer to the East Lothian Partnership.

Signed .....

Councillor Donald Grant  
Chair of the East Lothian Integration Joint Board





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 26 November 2015

**BY:** Chief Officer

**SUBJECT:** Delayed Discharges

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## **1 PURPOSE**

- 1.1 This report updates the East Lothian Integration Joint Board (IJB) on performance on delayed discharges for East Lothian.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is recommended to:
- i. Note the performance to October 2015.
  - ii. Note and support the actions being taken to improve performance.
  - iii. Note that a verbal update on performance for November 2015 will be given at the meeting.
  - iv. Agree that performance on delayed discharges should be routinely reported to the IJB until a standard performance report is in place.

## **3 BACKGROUND**

- 3.1 Delayed Discharge performance was reported routinely to the Shadow Board. The IJB requested a separate report on the subject at its meeting on 29 October 2015.
- 3.2 The IJB has a key strategic objective and performance target to minimise the total number of delays, meet the current two week target and work towards the future 72 hour target. No date has yet been set for achievement of the 72 hour target.
- 3.3 Performance in October 2015 is reported below.

	Edinburgh	East Lothian	Midlothian	West Lothian	Non - Lothian
Overall	168	37	8	10	7
Over 4 Weeks	80	13	1	3	4
Over 2 Weeks	120	21	1	4	4

3.4 Clearly this represents disappointing performance when compared with previous months shown below.

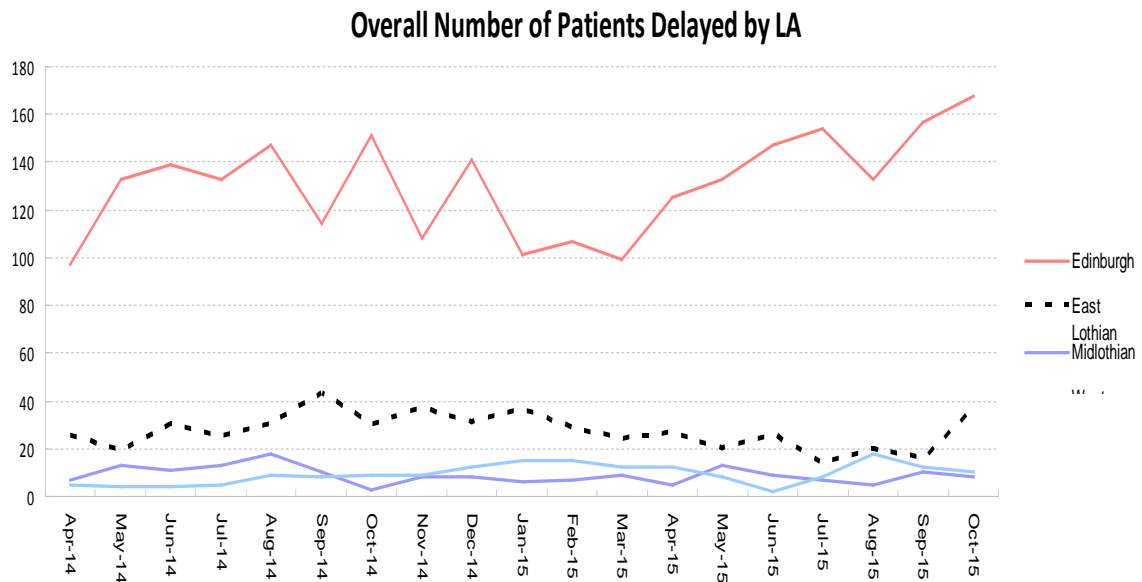
3.5 East Lothian performance on the total number of delays from April 2013 to October 2015 is shown below.

Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
30	28	29	30	21	22	15	24	22	19	16	17

Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
25	19	30	25	30	43	30	37	31	36	29	24

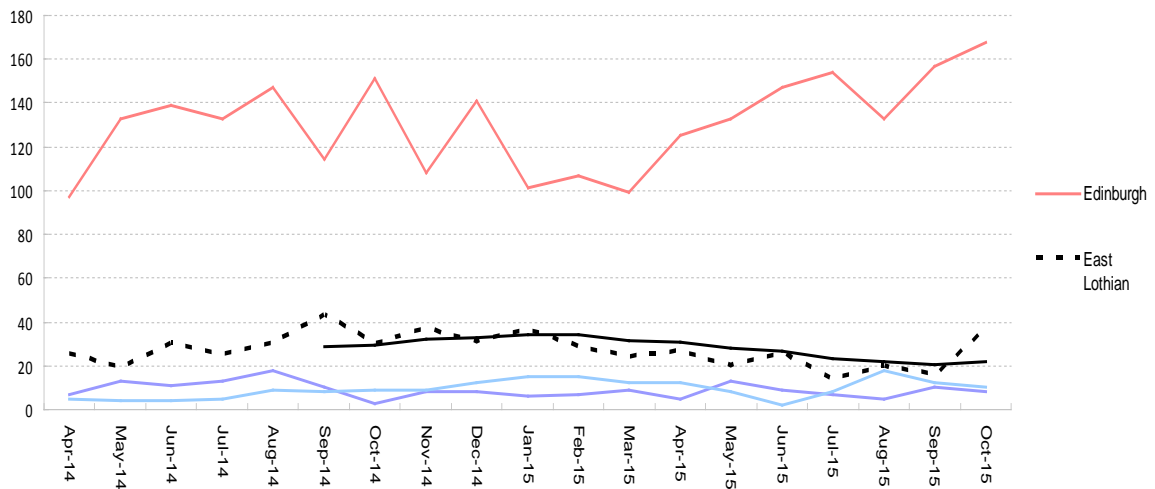
Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
27	20	26	14	20	16	37					

3.6 This performance on the total number of delays is shown in chart form below. East Lothian is the dotted black line.



3.7 East Lothian has been steadily improving the total number of delays over this period. This is demonstrated in the moving average chart below where the solid black line shows a six month moving average for East Lothian.

**Overall Number of Patients Delayed by LA**

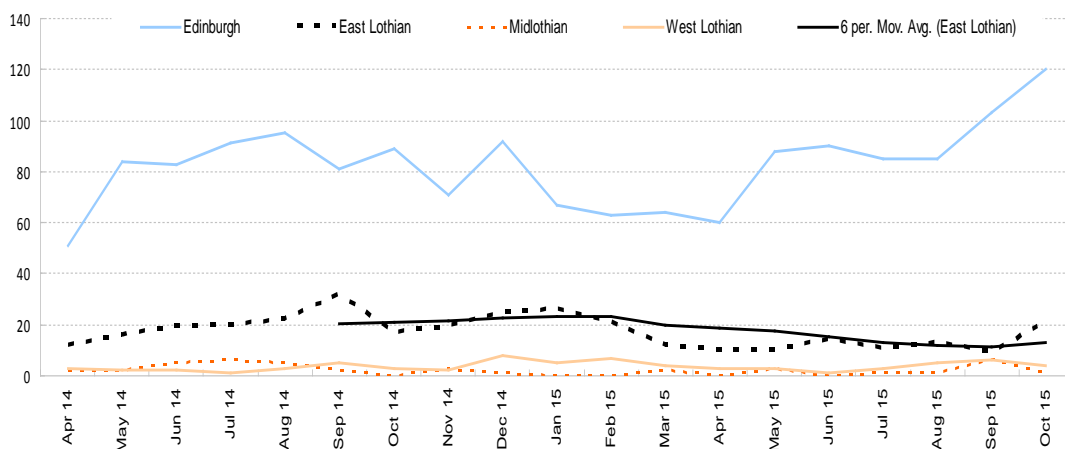


3.8 At the time of writing this report the census for November 2015 was not completed. A verbal update will be given at the meeting.

3.9 The causes of the increase in numbers in October are twofold. A decrease in the availability of home care hours and an increase in additions to the list of delays in the days immediately before the census.

3.10 A significant challenge also presents in achieving the 2 week target. The chart below illustrates performance against the 2 week standard. East Lothian is represented by the dotted black line and the solid black line shows a moving 6 month average performance.

**Number of Patients Delayed Over 2 Weeks by LA**



- 3.11 This shows that the number over 2 weeks has been declining steadily with the exception of October 2015.
- 3.12 The delayed discharge task force has agreed a number of additional actions:
- 3.13 Recruitment to the in house domiciliary care service is underway.
- 3.14 “Collaborative allocation” has been instituted with the co-operation of providers to maximise the use of available hours in each zone. Providers have also increased recruitment efforts. The available hours have been increasing steadily from October into November.
- 3.15 The daily “huddle” at Roodlands Hospital that looks at every admission of someone over 65 to hospital is now receiving “Estimated Date of Discharge” information (where this is known) in order to anticipate the likely date when a patient will be added to the system.
- 3.16 ELSIE (East Lothian Service for Integrated Care of the Elderly) has increased its capacity to 7 days per week and up till 8pm each night. This will increase the number of avoided admissions and the number of people transferred from hospital to home sooner.
- 3.17 Work has begun to develop a collaborative campaign to encourage recruitment into the care sector in East Lothian.

#### **4 POLICY IMPLICATIONS**

- 4.1 There are no policy implications of this paper.

#### **5 EQUALITIES IMPLICATIONS**

- 5.1 There are no equalities implications of this paper.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 There are no immediate resource implications of this paper. All additional investment has already been funded from the Delayed Discharge allocation.

#### **7 BACKGROUND PAPERS**

- 7.1 None.

<b>AUTHOR'S NAME</b>	David Small
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	david.a.small@nhslothian.scot.nhs.uk
<b>DATE</b>	17/11/15

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 26 November 2015

**BY:** Chief Finance Officer

**SUBJECT:** Financial Assurance – next steps

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## **1. PURPOSE**

This report considers how the IJB will complete its financial assurance processes.

## **2. RECOMMENDATIONS**

- 2.1 The IJB is asked to: -
- i. Note the contents of this report.

## **3. BACKGROUND**

- 3.1 The IJB is undertaking a process of financial assurance to review the financial resources (budgets) proposed by NHS Lothian and East Lothian Council to support the functions that these two bodies have delegated to the IJB.
- 3.2 In summary this process will consider the 14/15 out-turn for these functions, the impact of the 15/16 financial plan on any financial pressures identified, the 15/16 projected out-turn and the proposals in the 16/17 financial plans to manage any further financial issues arising from 2015/16.
- 3.3 This process will also review how the IJB's budget was arrived at – that is how the total resources available to East Lothian Council and NHS is how the total resources available to East Lothian Council and NHS Lothian were made available to support the delegated functions and how those resources were then distributed to the IJB.
- 3.4 The financial assurance process is led by the Chief Officer and Chief

Financial Officer and will be reviewed the Chief Internal Auditor and considered by the Audit and Risk Committee prior to being presented to the IJB.

- 3.5 It is also clear, especially within NHS Lothian, that all services (including those representing functions that have been delegated) are under serious challenge both financially and operationally. The overall pressures from the settlement for 16/17 can only exacerbate this position.
- 3.6 Neither NHS Lothian nor East Lothian Council have completed their financial planning for 2016/17 (and beyond) and much of the financial assurance work will be done on indicative information. That, of course, does not change 14/15 outcome nor the 15/16 forecast position but the IJB will not have a clear position on the 16/17 resources until late in the 15/16 financial year
- 3.7 The question with regard to financial assurance that the IJB must consider really comes to two points :-
  - Is this budget fair?
  - Is this budget adequate?
- 3.8 The issue of fairness can also be split into two parts:-
  - 3.8.1 Has the budget for the IJB been arrived at fairly based on the totality of the Partner's budget resources available – is the 'baseline' position fair to the IJB?
  - 3.8.2 Has the IJB received its fair share of the financial settlement(s) for 16/17 and beyond?
- 3.9 The IJB needs to consider its position with regard to these two issues given that the IJB has to publish a Strategic Plan for 2016/17 which must include a financial plan. This financial plan can only be the totality of the resources that have been proposed from the Partners. The CO and the CFO are discussing a range of risk sharing models with both Partners that would support the management of any financial risk to allow the IJB its key role of delivering the ambitions expressed in its financial plan.

#### **4. POLICY IMPLICATIONS**

- 4.1 The relevant policy issues referred to in this report arise from the Public Bodies (Joint Working) (Scotland) Act 2014.

#### **5. EQUALITIES IMPLICATIONS**

- 5.1 The relevant policy issues referred to in this report arise from the Public Bodies (Joint Working) (Scotland) Act 2014.

## **6. RESOURCE IMPLICATIONS**

- 6.1 There are no additional resource implications arising from the content of this report.

## **7. BACKGROUND PAPERS**

- 7.1 Report to the IJB – 29 October 2015.

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	david.king@nhslothian.scot.nhs.uk
DATE	13 November 2015





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 26 November 2015

**BY:** Chief Finance Officer

**SUBJECT:** Policy on Directions

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## 1 PURPOSE

This paper lays out a proposed policy for the Directions that will be issued by the IJB these Directions being issued to NHS Lothian and East Lothian Council in order to action the IJB's Strategic Plan.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the content of this paper.
- 2.2 The IJB is asked to adopt this policy.
- 2.3 The IJB is asked to receive a further report on the details of the Directions and the reporting mechanism when these are completed.

## 3 BACKGROUND

- 3.1 The IJB requires a mechanism to action its Strategic Plan and this mechanism is laid out in sections 26 to section 28 of the Public Bodies (Joint Working) Act 2014. These sections describe how an IJB instructs a constituent authority to deliver the functions delegated to that IJB.
- 3.2 Section 26 (1) of the Act says '*Where the integration authority is an integration joint board, it must give a Direction to a constituent authority to carry out each function delegated to the integration authority*' and section 26 (5) says '*If a Direction such as is mentioned in subsection (4) is given, the Direction may—*

*(a) require the persons to carry out the function jointly or only in so far as is specified in the Direction,*

*(b) require each person to carry out the function in relation to an area specified in the Direction,*

*(c) require each person to do particular things in relation to the function.*

3.3 For the purposes of this paper, a 'Direction' is an instruction to one of the two partners (either the Health Board or the Local Authority) which lays out the delivery of the function (or functions) delegated to the IJB along with a specific amount of funds to resource that function. This may include outcome measure as appropriate

3.4 The Act (S 26 (3)) also lays out that the partners must provide appropriate information to allow a Direction to be drawn up by the IJB – *'A person to whom a Direction under this section may be given must provide the integration authority with such information as the integration authority may reasonably require for the purpose of its deciding—*

*(a) whether to give the Direction,*

*(b) the content of the Direction '*

This means that the IJB will be provided with the appropriate information by the partners to allow it to construct the Direction

Section 27(1) cover Directions around the 'set aside' budgets

3.5 The provenance for each Direction should flow from the IJB's Strategic Plan, thus the Directions will follow the Strategic Plan. However this means that the Strategic Plan – taking cognisance that the plan is to be enacted through Directions – will have to be presented in such a way as to allow Directions to be mapped onto it.

3.6 The Integration schemes are clear that the IJBs will work in partnership with both the Council and the Health Board and with other IJBs where these IJBs share pan-Lothian services. It is unlikely that it would be in the interests of any IJB to create unnecessary financial turbulence either within the services delivered on its behalf by the partners or in services delivered by the partners on behalf of any other IJB. The four Chief Officers will work together to ensure that any functions that are delivered on a pan-Lothian basis and delegated to the IJBs are managed appropriately.

3.7 Some of the functions delegated to the IJBs are managed on a pan-Lothian basis. The IJBs may wish to issue 'joint Directions' for such services (largely Hosted and Set Aside services). It may be that the IJB's might wish to agree a risk sharing model between themselves (e.g. for GP Prescribing) which would then be incorporated into the appropriate Directions.

It will be possible to issue 'joint' Directions for all of the four IJBs who are agreed on the delivery and resources for a particular pan-Lothian service.

3.8 The Direction requires to lay out the financial resources and the actions required to deliver the function by the partner. It is likely that there will be over and underspends in the delivery of the functions by the Partners and it may be that the Directions are used to address the management of these financial risks between the Partners and the IJB to complement the financial arrangements set out in the Integration Scheme. If the IJBs in the Lothian area wished to share financial risks amongst themselves then this could be done through 'partnership' Directions as above

3.9 Its important that the IJB defines what the monitoring processes are for the Directions that it issues. There are two broad options :-

- That the monitoring of Directions is embedded in the overall reporting by the partners on the IJB's budget and its performance monitoring system.
- That Directions are monitored on a Direction by Direction basis.

The IJB needs to consider what monitoring it requires and operational or audit issues, further work is underway to develop a performance monitoring process which will be presented to the IJB in due course.

3.10 Directions Policy

- A summary of the proposed Directions relating to the Strategic Plan will be attached to the Strategic Plan as an Appendix. In approving the Strategic Plan, the IJB will approve the Directions
- The Directions will be issued by the Chief Officer to the Chief Executive of the Council or the Health Board as appropriate
- Directions will be issued for all the functions that have been delegated to the IJB
- In totality, the Directions will show the disposition of all the resources allocated to the IJB.
- Directions will be as specific as the Strategic Plan requires but all Directions will lay out the actions required along with the resources available. It should be noted that an action might be to not make any changes to the current service.

3.11 Next steps

Clearly the policy above does not address the details of any Direction, and a great deal of further work is required to complete the detail and

content of individual Directions along with the mechanism to ensure that pan-Lothian services are appropriately managed through all four IJB's Strategic Plans. A proper system of monitoring of Directions is also required. A further paper will be brought back to the IJB to address these matters at its next meeting.

## **5 POLICY IMPLICATIONS**

- 5.1 The relevant policy issues referred to in this report arise from the Public Bodies (Joint Working) (Scotland) Act 2014.

## **6 EQUALITIES IMPLICATIONS**

- 6.1 There is no direct impact on inequalities arising from this report.

## **7 RESOURCE IMPLICATIONS**

- 7.1 There are no additional resource implications arising from the content of this report.

## **8 BACKGROUND PAPERS**

- 8.1 Reports to the IJB – 29 October 2015.

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	david.king@nhslothian.scot.nhs.uk
DATE	12 November 2015

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 26 November 2015

**BY:** Chief Officer

**SUBJECT:** Integrated Care Fund

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## **1 PURPOSE**

- 1.1 This report provides an update on activity aligned to the Integrated Care Fund and a summary of the mid year review submission to Scottish Government.

Any member wishing additional information should contact the author of the report in advance of the meeting.

## **2 RECOMMENDATIONS**

- 2.1 The Integration Joint Board is recommended to:
- i. support the Integrated Care Fund spend and its intentions.
  - ii. note the detail of the 6 month review.
  - iii. agree the recommendations for evaluation and governance.

## **3. BACKGROUND**

- 3.1 Scottish Government introduced as prioritised spend from 2015/16 an Integrated Care Fund of £300 million nationally over three years. The fund for East Lothian is £1.76 million annually and has been available from April 2015. As reported to the shadow board on April 2<sup>nd</sup>, Scottish Government approved East Lothian's draft submission on March 3<sup>rd</sup> 2015.
- 3.2 The Integrated Care Fund offers an opportunity to consolidate proven effective practice and to extend scope to improve care for people with multimorbidities across adults and older people as per national guidance.

- 3.3 Locally the extensive learning and evaluation activity undertaken as part of RCOP / Change Fund was utilised to inform the ICF submission. As a result existing proposals from Change Fund have been continued with some modification. Equally new areas of focus emerging from the Joint Strategic Needs Assessment for the Strategic Plan and the evidence base for addressing unscheduled care activity were prioritised as new spend.
- 3.4 The priority areas identified for ICF support to drive change centre on three key themes:
- 3.4.1 Prevention and early intervention:
- GP cluster / LINK teams focusing initially on Musselburgh and the West locality (including additional capacity for wellbeing connectors, volunteering and mental health support)
  - Increased carer identification, assessment and support
  - Risk stratification
  - Post diagnostic dementia support
  - Transport (improving access to care)
- 3.4.2 Care closer to home: Additional staffing to enhance the whole system ELSIE programme to deliver a 24/7 service for adults, enhanced end of life care, dementia and cognitive impairment support in addition to locality working.
- 3.4.3 Workforce development, including independent sector development and primary care strategy development
- 3.5 The spend to date and projected FYE spend for each workstream is outlined in Annex A. Whilst no underspend is forecast there is the potential for some financial slippage within year given the timing of announcements and the need to plan and recruit to services. NHS Lothian currently holds and disburses ICF allocations on behalf of Partnerships .It is proposed that should there be any slippage, a further report is brought to the IJB.
- 3.6 Appendix B also outlines the alignment of ICF to the Strategic Plan and its performance and outcomes framework. Outcomes can be delivered through a complex series of interventions and many of the specific measures within the performance matrix cannot be directly attributable to ICF funded interventions – particularly those services focusing on prevention and early intervention. It is proposed, therefore, that the service evaluation and reporting mechanisms developed and adopted over 4 years for Change Fund and cited as exemplar by Scottish Government, continue for ICF.
- 3.7 It is proposed that appropriate governance for the Integrated Care Fund for 2016/17 and beyond, including monitoring, review, and regular reporting, is through the IJB. Supporting developmental and

background work will be carried out through the strategic planning framework, specifically the Strategic Planning Programme Board and the Strategic Planning Group.

#### **4 POLICY IMPLICATIONS**

4.1 None

#### **5 EQUALITIES IMPLICATIONS**

5.1 There are no equalities issues arising from any decisions made on this report

#### **6 RESOURCE IMPLICATIONS**

6.1 There are no immediate resource implications other than annual disbursement of the £1.76 million Integrated Care Fund.

6.2 However, one of the key aims of the RCOP programme is to identify areas of disinvestment in order to support reinvestment of resources in community services and supports. Whilst Audit Scotland highlighted a “lack of evidence of progress in shifting resources” across Scotland, the IJB should note the need to focus on bed based activity locally in order to rapidly accelerate progress in this area.

#### **7 BACKGROUND PAPERS**

7.1 Integrated Care Fund Submission December 2014.

7.2 Scottish Government Integrated Care Fund guidelines and Multimorbidity advice note.

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<b>DESIGNATION</b>	Transformation and Integration Manager
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<b>DATE</b>	11 <sup>th</sup> November 2015





## INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

## Integrated Care Fund – 2015/16 – Mid-Year Financial Summary

## East Lothian Health and Social Care Partnership – £1.76 million

	Allocation for 2015/16	Spend - April to September 2015	Forecast Spend – October to End March 2015	Projected Over/Underspends
<b>Care Closer to Home workstream:</b>	<b>£1,048,378</b>	<b>£647,499</b>	<b>£400,879</b>	Nil
East Lothian Service for Integrated Care of the Elderly (ELSIE) expansion to support:	£800,000	£399,121	£400,879	
24/7 service development across 2 localities				
Enhanced end of life care				
Enhanced dedicated dementia / cognitive impairment support				
Enhanced specialist care home liaison support				
Enhanced discharge to assess support				
	N.B Total allocation to this workstream includes continuation of Change Fund for £248,378:			
	SW Discharge (£79,000)	£79,000		
	ECS support (£69,850)	£69,850		
	Response and rehabilitation team (£99,528)	£99,528		

	Allocation for 2015/16	Spend - April to September 2015	Forecast Spend – October to End March 2015	Projected Over/Underspends
<b>Prevention and early intervention workstream:</b>	<b>£568,622</b>	<b>£463,622</b>	<b>£105,000</b>	Nil
GP Cluster / Links worker service	£145,698	£145,698		
Post diagnostic dementia support	£68,000	£48,000	£20,000	
Mental health support / improved access to psychological therapy in primary care	£60,000		£60,000	
Carer identification and assessment	£25,000		£25,000	
Risk stratification and anticipatory care planning	£25,000	£25,000		
Integrated falls pathways	£25,601	£25,601		
Telehealthcare spread and support	£80,000	£80,000		
	N.B Total allocation to this workstream includes continuation of Change Fund as:			
	Carers Short Breaks service and discharge support for carers	£64,500		

	Access to health transport scheme	£53,408		
	Day centre development	£21,415		
	<b>Allocation for 2015/16</b>	<b>Spend - April to September 2015</b>	<b>Forecast Spend – October to End March 2015</b>	<b>Projected Over/Underspends</b>
<b>Workforce development:</b>	<b>£143,000</b>	<b>£62,250</b>	<b>£80,750</b>	Nil
Independent sector workforce development through ELIS: improved access to learning and quality standards.	£95,000	£47,500	£47,500	
Primary care development strategy	£48,000	£14,750	£33,250	
<b>Total ICF spend to date-2015/16</b>		<b>£1,173,371</b>	<b>£586,629</b>	<b>Nil</b>

## **Integrated Care Fund – 2015/16 – Progress towards ICF Outcomes**

**NB:** The ICF submission in December 2014 proposed a performance / outcomes framework based on a measure of % of 65+ year olds living at home. This has since been adopted by the Integration Joint Board with a stretch target of 98% over the next ten years, measured on a locality basis.

Sub measures within the original performance framework included:

- Unscheduled admission rates by locality
- Cost of unscheduled admissions by locality
- Delayed discharge rates
- Bed days lost to delayed discharge
- Readmission rates by locality
- Length of stay <48 hours
- % >65s in hospital
- % > 65s receiving >10 hours homecare
- Variation in access rates to primary care

This initial ICF performance framework has since been enhanced in line with the Strategic Plan and will be embedded in the wider performance management framework of the IJB as outlined below.

WORK STREAM ACTIVITY OR PROJECT	OUTCOMES FOR 2015/16	PROGRESS TOWARDS OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE
Care Closer to Home workstream	<p>Links to East Lothian Strategic Objectives (See Appendix 1)</p> <p>C: To reduce unscheduled care: We want to reduce unnecessary demand for services including hospital care.</p> <p>D: To provide care closer to home: We want to deliver safe and effective care as close to home as possible, allowing people to remain in their homes and communities for as long as they can.</p> <p>E: To deliver services within an integrated care model: We recognise the need to make people's journey through all our services smoother and more efficient.</p> <p>F: To enable people to have more choice and control: We recognise the importance of person centred and outcomes focused care planning.</p> <p>Links to National Health and Wellbeing Outcomes (See Appendix 1) 1,2,3,4,5,6,7,8,9</p> <p>Links to East Lothian Strategic Plan Model of Care (See Appendix 1), b, c, d, e</p>	<p>Baselines for all performance metrics aligned to this workstream have now been established.</p> <p>These will be embedded in the wider performance management framework of the IJB.</p>	<p><a href="http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey">http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey</a></p> <p><a href="http://www.healthcareexperiencesresults.org/">http://www.healthcareexperiencesresults.org/</a></p> <p><a href="http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/">http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/</a></p> <p><a href="http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/End-of-Life-Care/">http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/End-of-Life-Care/</a></p> <p><a href="http://www.gov.scot/Topics/Statistics/Browse/Health/Data/CommunityCareOutcomes">http://www.gov.scot/Topics/Statistics/Browse/Health/Data/CommunityCareOutcomes</a></p> <p><a href="http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/">http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/</a></p> <p><a href="http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/Analytical-Outputs/Standard-Outputs/">http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/Analytical-Outputs/Standard-Outputs/</a></p>	N/A

	<p>Performance indicators will be developed in tandem with Strategic Plan monitoring but will focus on improving the following outcomes and outputs, many of which link to other programmes:</p> <ul style="list-style-type: none"> <li>• Percentage of adults supported at home who agree that they are supported to live as independently as possible.</li> <li>• Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.</li> <li>• Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.</li> <li>• Percentage of adults receiving any care or support who rate it as excellent or good</li> <li>• Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.</li> <li>• Percentage of carers who feel supported to continue in their caring role.</li> <li>• Rate of emergency admissions for adults.</li> <li>• Rate of emergency bed days for adults.</li> <li>• Readmissions to hospital within 28 days of discharge</li> <li>• Proportion of last 6 months of life spent at home or in community setting.</li> <li>• Proportion of care services graded 'good' (4)</li> </ul>			
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	<p>or better in Care Inspectorate Inspections.</p> <ul style="list-style-type: none"> <li>• Percentage of adults with intensive needs receiving care at home.</li> <li>• Number of days people spend in hospital when they are ready to be discharged.</li> <li>• Percentage of people admitted from home to hospital during the year, who are discharged to a care home.</li> <li>• Percentage of people who are discharged from hospital within 72 hours of being ready.</li> </ul>			
Prevention and early Intervention workstream	<p>Links to East Lothian HSCP Strategic Objective B: To improve prevention and early intervention: We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crises.</p> <p>Links to National Health and Wellbeing Outcomes 1, 2, 3, 4, 5, 6</p> <p>Links to East Lothian Model of Care a, b, c, d</p>	<p>Baselines for all performance metrics aligned to this workstream have been established. These will be embedded in the wider performance management framework of the IJB.</p>	<p><a href="http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey">http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey</a></p> <p><a href="http://www.healthcareexperience.org/">http://www.healthcareexperience.org/</a></p> <p><a href="http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/">http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/</a></p> <p><a href="http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/End-of-Life-Care/">http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/End-of-Life-Care/</a></p>	

	<p>Performance indicators will be developed in tandem with Strategic Plan monitoring but will focus on improving the following outcomes and outputs, many of which link to other programmes:</p> <ul style="list-style-type: none"> <li>• Percentage of adults able to look after their health very well or quite well.</li> <li>• Percentage of adults supported at home who agree that they are supported to live as independently as possible.</li> <li>• Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.</li> <li>• Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.</li> <li>• Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.</li> <li>• Percentage of carers who feel supported to continue in their caring role.</li> <li>• Premature mortality rate.</li> <li>• Rate of emergency admissions for adults</li> <li>• Rate of emergency bed days for adults.</li> <li>• Readmissions to hospital within 28 days of discharge.</li> </ul>		<p><a href="http://www.gov.scot/Topics/Statistics/Browse/Health/Data/CommunityCareOutcomes">http://www.gov.scot/Topics/Statistics/Browse/Health/Data/CommunityCareOutcomes</a></p> <p><a href="http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/">http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/</a></p> <p><a href="http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/Analytical-Outputs/Standard-Outputs/">http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/Analytical-Outputs/Standard-Outputs/</a></p>	
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	<ul style="list-style-type: none"> <li>• Proportion of last 6 months of life spent at home or in community setting.</li> <li>• Falls rate per 1,000 population in over 65s</li> </ul>			
Workforce development workstream	<p>Links to East Lothian Strategic Objective G: To further optimise efficiency and effectiveness</p> <p>Links to National Health and Wellbeing Outcomes 5,7,8,9</p> <p>Performance indicators will be developed in detail as part of ongoing Strategy development, but will focus on improving the following outcomes and outputs, many of which link to other programmes:</p> <ul style="list-style-type: none"> <li>• Percentage of staff who say they would recommend their workplace as a good place to work.*</li> <li>• Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections</li> </ul>	<p>Baselines for all performance metrics aligned to this workstream have been established. These will be embedded in the wider performance management framework of the IJB.</p>	<p>NHS Staff survey national report <a href="http://www.scotland.gov.uk/Publications/2014/12/8893/0">http://www.scotland.gov.uk/Publications/2014/12/8893/0</a></p> <p>East Lothian Council Improvement Plan</p> <p>Public Sector Improvement Framework</p>	<b>N/A</b>

## INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

### Integrated Care Fund - Indicators of progress

Question	Comment
<p>How has ICF funding allowed links to be established with wider Community Planning activity?</p>	<p>The broad aim of community planning is to improve outcomes for the people and communities across East Lothian by ensuring that public services work in a more integrated and effective way. The shared commitment of the Health and Social Care Partnership and East Lothian Partnership to reducing inequality means it is essential that these groups drive greater collaboration and the Integrated Care Fund has provided a means of focusing joint planning on shared objectives with a locality focus. By getting organisations to work together more closely, sharing resources and information to provide a better network of local support, we aim to support the creation of resilient communities across our county</p> <p>Through the Resilient People Partnership, the Health and Social Care Partnership has a key role within East Lothian’s wider CPP and in delivering specific Single Outcome Agreement results which are consistently monitored and reported. This equally relates to one new overarching Integration Joint Board strategic measure which has been adopted by the CPP (%65+ at home) which the Integrated Care Fund has a clear focus on supporting and achieving through the “Care Closer to Home” workstream.</p>
<p>What progress has been made linking ICF activity to work being taken forward through Strategic Commissioning more broadly?</p>	<p>East Lothian’s (second draft) Strategic Plan aims to enhance the capacity of the whole system to improve health and social care outcomes, supporting communities and organisations to promote and improve health and wellbeing. In developing our planning and commissioning approach as a Partnership we have built on the positive experience of the RCOP and Change Fund programmes and worked actively and closely with our third and independent sector partners to develop both the current draft Strategic Plan and the supporting Integrated Care Fund Plan.</p> <p>The Integrated Care Fund proposal submitted in December 2014 was specifically aligned to the then first consultation draft Strategic Plan for East Lothian, is clearly congruent with the ambitions and objectives of the second consultation draft and is a key driver in transition.</p>
<p>How has ICF funding</p>	<p>In developing all our plans we have utilised a wide range of information to consider where we need to</p>

<p>strengthened localities including input from Third Sector, Carers and Service Users</p>	<p>focus and what our priorities should be, the most significant of which is our Joint Strategic Needs Assessment (JSNA). Our JSNA has provided a wide range of information on health profiles by locality, demographics and population projections, health care and social care provision, hospital and unscheduled care activity, variation in activity and costs and some survey information.</p> <p>We have also worked closely with colleagues in the third and independent sectors in order to understand and map the spread and diversity of care and service provision provided by these partners and therefore give us a more total picture of our provider landscape and understand any potential gaps.</p> <p>This work has allowed Integrated Care Fund spend, particularly that in the “Prevention and Early Intervention” workstream, to be specifically targeted to localities in the west of the county which exhibit significantly higher levels of multimorbidity. Examples of this include third sector Links workers being aligned with GP practices in the west locality. Equally, the RVS health transport project addresses access to care issues highlighted in remote and rural areas in the east locality.</p> <p>The Integrated Care Fund has also allowed East Lothian HSCP the opportunity to start developmental work with our Third Sector Interface and third sector partners in establishing a Public Social Partnership approach to joint planning, service delivery and performance monitoring which involves co-production, collaboration and consultation. Third Sector partners developed a single, unified proposal on prevention and early intervention for ICF based on a holistic service offering which is based on the JSNA and considers the needs of the East Lothian population. Service users and carers are central to the design and delivery of this model which also links into East Lothian’s Single Outcome Agreement.</p>
<p>What evidence (if any) is available to the partnership that ICF investments are sustainable</p>	<p>The Integration Joint Board in East Lothian is committed to taking on the challenges of a changing health and care agenda with devolved responsibility and greater management of local budgets, making a real difference to the health and wellbeing of our local population. The potential of an integrated financial resource associated with Health and Social Care Partnerships and the acute hospital services delegated to them should drive the required policy changes more than any previous policy and presents an exciting opportunity for local communities to shape care delivery. This is the lever required to sustainably shift the balance of care and the Integrated Care Fund the key enabler which in providing bridging funding will allow East Lothian HSCP to maximise the impact of these strategies to release resource.</p>

	<p>Through its early performance management framework and data analysis the IJB has now developed a sound understanding of the activity / activity shifts required to ensure sustainability. Whilst undeniably challenging, this has been built into indicative directions aligned to the Strategic Plan.</p>
<p>Where applicable - what progress has been made in implementing the National Action Plan for Multi-Morbidity</p>	<p>East Lothian's Joint Strategic Needs Assessment concentrated on understanding multimorbidity, including mental health, and where the greatest support need is across localities in East Lothian. This also analysed a wide range of health determinants and outcomes by locality and both the draft Strategic Plan and the aligned Integrated Care Fund Plan have risk prediction, multimorbidity, early intervention, and care coordination across care pathways as priority themes. This is evidenced by our early work with HRI pathways and aligned KIS, with Links workers and House of Care approach adopters in 3 general practices in high deprivation areas, and initial work on a Primary Care Development Strategy which recognises demand, access and support.</p>

## INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

### PARTNERSHIP DETAILS

Partnership name:	East Lothian Health and Social Care Partnership
Contact name(s)	Carol Lumsden
Contact Telephone	01620 827138
Email	Carol.lumsden@nhslothian.scot.nhs.uk
Date Agreed	2 <sup>nd</sup> November 2015

The content of this template has been agreed as accurate by:

..... (name) for NHS Board (David Small, Joint Director)

..... (name) for Local Authority (David Small, Joint Director)

..... (name) for Third Sector (Eliot Stark, STRiVE)

..... (name) for Independent Sector (Maureen Allan, Allan-Ross)

When complete and signed please return to:

Brian Nisbet  
GE-18, St Andrew House,  
Regent Road,  
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Or send via e-mail to [IRC@gov.scot](mailto:IRC@gov.scot)

### **National Health and Wellbeing Outcomes**

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.

### **East Lothian Health and Social Care Partnership's strategic objectives**

- A. To make universal services more accessible and develop our communities  
We want to improve access to our services, but equally to help people and communities to help and support themselves too.
- B. To improve prevention and early intervention  
We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crises.
- C. To reduce unscheduled care  
We want to reduce unnecessary demand for services including hospital care.
- D. To provide care closer to home  
We want to deliver safe and effective care as close to home as possible, allowing people to remain in their homes and communities for as long as they can.
- E. To deliver services within an integrated care model  
We recognise the need to make people's journey through all our services smoother and more efficient.
- F. To enable people to have more choice and control  
We recognise the importance of person centred and outcomes focused care planning.
- G. To further optimise efficiency and effectiveness  
We want to improve the quality of our services whilst recognising and addressing the challenging financial constraints we face.

H. To reduce health inequalities

We want to reduce inequalities, break the cycle and impact of deprivation and support and protect the vulnerable in our communities.

I. To build and support partnership working

We recognise the importance of developing effective and wide ranging strategic partnerships in delivering our ambition, vision and values.

**East Lothian Health and Social Care Partnership's Model of Care**

- a. Healthy active ageing and support for independence across the lifespan.
- b. Support to live well with long term conditions.
- c. Accessible and effective support at times of crisis.
- d. Excellent post crisis support
- e. Person centred and dignified long term care





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 26 November 2015

**BY:** Chief Officer

**SUBJECT:** Strategic Plan

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## 1 PURPOSE

1.1 This report provides a summary of the second consultation draft of East Lothian Integration Joint Board's Strategic Plan for adult services. It supplements the reports of [27<sup>th</sup> August 2015](#) and [29<sup>th</sup> October 2015](#) and identifies the process of consultation in line with the Public Bodies (Joint Working) (Scotland) Act.

Any member wishing additional information should contact the author of the report in advance of the meeting.

## 2 RECOMMENDATIONS

2.1 The Integration Joint Board is recommended to:

- i. Agree the content and key priorities in the second draft Strategic Plan.
- ii. Note that the second draft of the Strategic Plan has been agreed by the Strategic Planning Group.
- iii. Agree the recommendations and timeline for a second period of stakeholder consultation.

## 3. BACKGROUND

3.1 The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control which is designed in collaboration with their partners.

3.2 Having consulted widely on a first draft of a Strategic Plan for East Lothian a second iteration has been developed through [extensive](#)

[feedback](#) and active involvement from stakeholders including the formally constituted Strategic Planning Group.

- 3.3 The second draft Strategic Plan draws on a wide range of information to form a case for change: it describes why strategic priorities have been selected and includes a review of the financial context in which the IJB's plans and ambitions are set.
- 3.3 The Plan equally articulates a clear ambition in stating the intention to shift resources from institutional or acute care into our communities within a short timeframe, and in doing so delivering better outcomes
- 3.4 By means of summary, the construct of the second draft Strategic Plan (Appendix 1) is:
  - 3.4.1 The case for change: a synopsis of current health and wellbeing inequalities across the county, rising service demands, costs and associated outcomes, and consideration of current and future financial and human resources. The second draft Plan asserts that the case for change is unassailable and that a sustainable strategy is required to address the known challenges.
  - 3.4.2 The principles, values and strategic objectives of the IJBs Strategic Plan including the vision that people in East Lothian will "live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use".
  - 3.4.3 The joint strategic needs assessment and gap analysis: an analysis of the needs of our communities which forms the basis of intelligence led strategic decision making within East Lothian, and consideration of the policy, planning and service gaps to be addressed.
  - 3.4.4 Strategic partnerships: a clear commitment to establishing a range of inclusive, mutually beneficial relationships which improve the closer integration of services, decisions that are better aligned with the needs of the people of East Lothian and improved health and wellbeing as the overarching goal.
  - 3.4.5 Financial context and resources analysis: identification of the aligned resource strategy, a financial framework to support delivery of the Strategic Plan and a recognition that whilst aims and aspirations are extensive, the Strategic Plan will have to be delivered within the resources available.
  - 3.4.6 The resources analysis specifically outlines the intention to carry out a review of all health and social care bed bases across East Lothian (Edington, Belhaven, Eskgreen and Abbey) in order to establish:
    - The utilisation of existing bed provision and future need
    - The appropriateness of different types of provision by locality

- The economic feasibility of new or different models of care delivery and options for re-provision
  - Existing estates, including ongoing costs, any investment required or disinvestment/reinvestment potential.
- 3.4.7 The financial context section of the Plan highlights that the main focus for 2016/17 is to ensure that the Partnership manages the increasing demands on resources in the most effective way. The overarching aim is to find different ways of delivering and commissioning high quality services cost effectively. As indicative budget information, particularly from NHS Lothian, develops over the next 2 months to be more formalised and becomes embedded in the final version of the Strategic Plan this detail will specifically include and articulate diversion of money away from acute hospitals over the lifetime of the Strategic Plan and moving it into community care and primary care. The Plan equally recognises that to ensure whole system stability, particularly within the NHS acute sector, there will be a need for close working with partner IJBs as this progresses.
- 3.4.8 Key enablers: a summary of supporting frameworks including the IJB performance framework, governance, communication and engagement, organisational development and information management and technology.
- 3.4.9 Strategic change programmes: a broad range of specific, measurable priority actions to be achieved over the 3 year lifetime of the Strategic Plan. The actions are grouped under the key themes of best health (prevention and early intervention), best care (care closer to home) and best value (efficiency and effectiveness), are locality focused and based on the needs assessment and gap analysis.
- 3.4.10 A range of appendices including the draft housing contribution statement and indicative draft directions.
- 3.5 The second draft of the Strategic Plan has been developed with the input and support of the Strategic Planning Group who have given formal agreement that the Plan in its current format should be presented to the IJB and, if agreed, proceed to formal consultation.
- 3.6 [Legislation](#) dictates the required list of consultees for IJBs Strategic Plans and East Lothian's consultation on the first draft extended this list (Appendix 2) to ensure even wider, comprehensive consultation. If the content of the Plan is agreed it is proposed that the second draft should proceed to consultation over the course of 1<sup>st</sup> December to 26<sup>th</sup> January. following a similar process to that undertaken for the first iteration. With the support and input of the Strategic Planning Group, feedback from this consultation process will be incorporated into a final version of the Strategic Plan which will be submitted for adoption by the IJB as soon as practicable. This will allow the Chief Officer to issue directions to East

Lothian Council and NHS Lothian in advance of delegation of functions on 1<sup>st</sup> April 2016 as required by legislation.

#### **4. POLICY IMPLICATIONS**

- 4.1 The implementation of recommendations made in this report will ensure that the IJB complies with legal requirements.

#### **5 EQUALITIES IMPLICATIONS**

- 5.1 The Strategic Plan places a strong and explicit emphasis on designing services and approaches which will more effectively address the continuing health inequalities in East Lothian. An extensive equality impact assessment exercise was carried out on 17 November 2015 led by East Lothian Health Improvement Alliance and Public Health. The outcomes of this will be used to inform the final Strategic Plan.

#### **6. RESOURCE IMPLICATIONS**

- 6.1 There are no direct resource implications associated with this report.

#### **7. BACKGROUND PAPERS**

- 7.1 IJB Strategic Plan report, 27 August 2015.
- 7.2 Appendix 1: East Lothian Strategic Plan: Second consultation draft (to follow).
- 7.3 Appendix 2: Proposed circulation list for consultation on second draft Strategic Plan

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<b>DATE</b>	11November 2015

## Appendix 2

### **Proposed circulation list for consultation on second draft Strategic Plan**

East Lothian Council Corporate Management Team

East Lothian Council elected members

East Lothian Health and Social Care Partnership IJB

East Lothian Health and Social Care Partnership Strategic Planning Group

NHS Lothian Corporate Management Team

NHS Lothian Strategic Planning Group

NHS Lothian Strategic Programme Managers

All staff list for East Lothian CHP and ELC Adult Wellbeing

East Lothian Partnership forum

East Lothian joint planning groups

TSI (STRIVE) for dissemination to all third sector members

ELIS (via Maureen Allan for dissemination to independent sector and Scottish Care)

East Lothian Council Strategic Housing Department (for dissemination to all lists including RSLs)

All General Practitioners in East Lothian

All Community Pharmacists in East Lothian

All Optometrists in East Lothian

All General Dental Practitioners in East Lothian

Press release and social media via communications departments in NHS Lothian and East Lothian Council

Lothian Medical Committee

East Lothian Community Planning Partnership

MSPs (including all list MSPs)

Local MP

Midlothian, West Lothian, City of Edinburgh, Fife and Borders IJBs (via Integration Managers network)

Scottish Government Policy Department

Joint Improvement Team

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 26 November 2015

**BY:** Chief Officer

**SUBJECT:** Risk Management Approach

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## **1 PURPOSE**

- 1.1 This report seeks the agreement of the East Lothian Integration Joint Board (IJB) to the proposed approach to risk management.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is recommended to:
- i. Agree its risk management approach.
  - ii. Agree that the Audit and Risk Committee should oversee the development of the risk register and related work and report this to the IJB.

## **3 BACKGROUND**

- 3.1 The Scheme of Integration for East Lothian IJB sets in section 14 (Appendix 1) that the IJB will develop a shared risk management strategy with the NHS Board and Council.
- 3.2 This will require a review of the risk management arrangements relating to the delegated functions that currently apply in the NHS Board and Council.
- 3.3 It will also require the development of a risk management procedure for the IJB in relation to the IJB's role in the delegated functions i.e. in relation to developing and implementing a strategic plan, performance managing delivery of the plan delivering improved outcomes.
- 3.4 This will be materially different from the focus that the NHS Board and Council have in managing risk in these services. However it is likely

that some operational risks in the current risk registers will also apply as strategic risks for the IJB.

- 3.5 It is proposed that this work be carried out by the Chief Officer and Chief Finance Officer and is overseen by the Audit and Risk Committee of the IJB which will then report to the IJB on the basis of the requirements set out in the Scheme of Integration. This will require to be done in the first year of operation of the IJB, i.e. before July 2016.
- 3.6 Attached at Appendices 2 and 3 are the current risk registers for information.
- 3.7 It is proposed there should be a review of the arrangements before the end of the first year.

#### **4 POLICY IMPLICATIONS**

- 4.1 The recommendations in this paper implement national legislation and regulations on the establishment of IJBs.

#### **5 EQUALITIES IMPLICATIONS**

- 5.1 None.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 There are no immediate resource implications of this paper. The work required will be undertaken by existing staff.

#### **7 BACKGROUND PAPERS**

- 7.1 Appendix 1 – Extract from East Lothian Scheme of Integration.
- 7.2 Appendix 2 - Current East Lothian NHS Risk Register.
- 7.3 Appendix 3 – Adult Wellbeing Risk Register (report to East Lothian Council's Audit & Governance Committee on 15 September 2015).

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<b>DATE</b>	16/11/15



## Extract from Scheme of Integration

### 14 Risk Management

#### 14.1 Integration Joint Board

14.1.1 A shared risk management strategy which will include risk monitoring and a reporting process for the Parties and IJB will be established in the first year of the IJB. In developing this shared risk management strategy the Parties and the IJB will review the shared risk management arrangements currently in operation. This in turn will provide a list of risks to be reported on.

14.1.2 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 describe in section 5.3.

14.1.3 The Parties anticipate that the IJB will also develop and agree its own risk management procedure in relation to carrying out of integration functions including reports by 31<sup>st</sup> March 2016, which will cover all of its activities.

14.1.4 The risk management procedure will include:-

(a) A statement of the IJB's risk appetite and associated tolerance measures;

(b) A description of how the system of risk management will work in practice, including procedures for the identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within NHS Lothian and the Council will inform the IJB's system of risk management;

(c) A description of how the IJB system of risk management is informed by other related systems of NHS Lothian and the Council, such as complaints management, health & safety, adverse events management, emergency planning and business resilience;

(d) an agreement between NHS Lothian and the Council on the resources to be made available to support risk management;

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

#### 14.2 NHS Lothian and the Council

14.2.1 Both Parties will continue to apply their existing policies and systems for risk management, and will implement any required restructuring of their risk registers to recognise the creation of the IJB.

14.2.2 NHS Lothian covers four local authority areas, and there will be some 'hosted services' (as detailed in Annex 3) which one operational director manages on a Lothian-wide basis. The identification and management of risk for those hosted services will reflect the differing directions of the four IJB's.

CURRENT EAST LoTHIAN NHS RiSk REGISTER

Appendix 2

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1763	2: Improve Patient and Staff Experience	Delayed discharge of patients	There is a risk that patients may experience a delay in discharge from hospital for a variety of reasons e.g. care package availability, community support etc. This could lead to the service being unable to admit patients to those beds therefore waiting times could increase.	1. Delayed Discharge Facilitators in core CHP hospital sites liaise daily with Councils on current delays. 2. Action plans are in place for all patients experiencing a delay in discharge. Discussed at weekly Delayed Discharge Taskforce. Ward based MDT meetings take place on a weekly basis to discuss individual cases. (Note: Check with Gillian Armstrong re telecommms with acute)	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	[25/05/2015 11:25:56 Stuart Cameron] Reviewed by Chief Nurse: Controls in East Lothian remain as "Inadequate" while the integration process continues. 20 Step-down beds now opened at Crookston in Tranent [10/03/2014 14:35:49 Stuart Cameron] Controls in Midlothian are 'Adequate' while in East Lothian are still graded as 'Inadequate' while integration continues East Lothian Council & East Lothian CHP opening circa 20 step-down beds in Eskgreen/new Tranent care home (estimated April 2014 & Sept 2014 respectively) 09/04/2013: Risk reviewed by SMT - Additional control included	High	Medium	Yes	David A Small	Allison X Macdonald	25/05/2015
1810	8: Ensure the Delivery of a Sustainable Workforce Framework	Risk identified with some projects and schemes to deliver on the Lothian Re-investment Programme	There is a risk that the CHP will not achieve its financial targets because LRP is not delivered and unexpected financial pressures may arise, leading to a detrimental effect on the organisation, services and patient care.	1. Regular monitoring of performance against LRP at all levels. 2. Regular monitoring of expenditure (non-capital budget) 3. Monthly Health Management meetings includes attendance of Finance Business Partner to discuss and progress plans. 4. Adherence to budget setting and LRP planning process. 5. Financial objectives embedded in budget manager's annual objectives and PDP.	Satisfactory; controls adequately designed to manage risk and working as intended	[25/05/2015 11:38:11 Stuart Cameron] Risk reviewed and re-graded by Chief Nurse [10/03/2014 16:02:02 Stuart Cameron] Monthly efficiency & productivity meetings held to consider progress against plans [02/07/2013 10:38:37 Stuart Cameron] 01/07/2013: Risk reviewed - no action plan required at this time as controls are satisfactory and budget demands remain manageable and on target 09/04/2013: Risk reviewed by SMT - No changes at this time	High	Medium	No	David A Small	Allison X Macdonald	25/05/2015
3775	6: Protect and Improve Health in Lothian for All	Recruitment to Health Visiting posts	There is a risk that the delivery of Health Visiting services may be compromised due to inability to recruit to vacant posts because there is currently a national difficulty recruiting to these posts leading to an inability to fully implement the "named person" legislation, and deliver a less than optimum service to families in East Lothian. There is an additional risk that a child at risk of harm may not be identified timeously.	Team and individual risk assessments of workloads Equitable redistribution of workload based on risk assessments Existing staff working additional hours plus use of Nurse Bank wherever possible	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	[25/05/2015 12:05:52 Stuart Cameron] New risk in process of being added	High	Medium	Yes	David A Small	Allison X Macdonald	

CURRENT EAST LoTHIAN NHS RISK REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1756	6: Protect and Improve Health in Lothian for All	Medication Errors	There is a risk of serious injury to patients because of errors in prescribing and/or administration of drugs leading to potential or actual harm	<ol style="list-style-type: none"> <li>1. There is a process for recording and learning lessons from medication errors in place via Quality Improvement Team local investigation processes</li> <li>2. Medication errors reported in Datix are noted and action taken locally by CSMs and Clinical Directors to minimise risk of repetition.</li> <li>3. The NHS Lothian Accountable Officer for Controlled Drugs is notified via Datix of all incidents and concerns involving CDs and the report is forwarded automatically to the Controlled Drug Governance Team.</li> <li>4. Staff are trained in medicines management at induction, throughout their service and additionally as required following an incident.</li> <li>5. Yellow tabards are worn by ward staff dispensing medications at drug rounds as a means of raising awareness of the activity, reducing interruptions and generally protecting drug rounds to support accuracy.</li> </ol>	Satisfactory; controls adequately designed to manage risk and working as intended	[25/05/2015 11:50:48 Stuart Cameron] Risk reviewed by Chief Nurse [11/03/2014 10:43:33 Stuart Cameron] 10/03/14: Controls updated 09/04/2013: Risk reviewed by SMT - Controls amended and new action added	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015
2884	9: Develop a co-production and Innovation plan	HEI issues at Roodlands and Associated Hospitals	Non compliance of the physical environment in all East Lothian hospitals e.g. no en-suite shower accommodation, inadequate bed spacing, poor flooring and ventilation etc	<ol style="list-style-type: none"> <li>1. Programme of training in place to improve hand hygiene and control of infection compliance</li> <li>2. Monthly hand hygiene audits in place</li> <li>3. Unannounced audit visits by Infection Control Team. □</li> <li>4. Monthly meetings in place with Control of Infection Team &amp; Facilities Dept to monitor compliance and agree actions □ □</li> <li>5. Mock HEI and a range of other audits take place at all sites with action plans agreed and implemented.</li> <li>6. Programme of physical environmental improvements agreed with Estates Dept and approved by the Capital Steering Group. (Work has been completed in some areas with action plans in place to address the remainder of the programme).</li> <li>7. HEI work completed at Roodlands Hospital. Reprovision plans will be required for Herdmanflat, Edington &amp; Belhaven to address unresolvable issues due to age &amp; condition of current buildings</li> </ol>	Adequate but partially effective; control is properly designed but not being implemented properly	[25/05/2015 11:41:05 Stuart Cameron] Risk reviewed and updated by Chief Nurse [11/03/2014 10:27:25 Stuart Cameron] 10/03/14: Controls updated 09/04/2013: Risk reviewed by SMT - No changes required at this time	Medium	Medium	Yes	David A Small	Alison X Macdonald	25/05/2015

# CURRENT EAST LoTHIAN NHS RISK REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
3265	2: Improve Patient and Staff Experience	Waiting Times / Access Issues	There is a risk that the service will not meet the current standards for waiting times in NHS Scotland. This may be due to a shortage of appropriate grades of staff in some specialities in the job market along with delays in the recruitment process leading to vacancies remaining unfilled for longer. Additionally, the introduction of revised referral to treatment targets along with unfilled vacancies may lead to reduced quality of patient experience, potential for adverse publicity, negative inspection outcomes and complaints	1. The SMT has developed a standard performance monitoring template including the above access targets. Those that are HEAT targets are also included in the NHS Lothian Standard Performance Report. 2. For mental health, a programme of re-design has been implemented to meet the target. 3. The CHP ensures that administrative staff comply with waiting time standards and definitions however, East Lothian CHP waiting times at Roodlands Hospital are the responsibility of UHS. (Note - an update on current status has been requested)	Satisfactory, controls adequately designed to manage risk and working as intended	[11/03/2014 10:31:08 Stuart Cameron] 10/03/14: Controls reviewed but require further update on 21/03/14 09/04/2013: Risk reviewed by SMT - Risk description and controls updated	Medium	Medium	Yes	David A Small	David A Small	25/05/2015
3584	10: Deliver the agreed strategic plan 2014-2024	Integration Process	There is a risk that: 1. The focus on integration may in the short term divert staff and resources from other priorities 2. Development of integration processes and structures may disrupt current structure and staffing arrangements 3. The development of a strategic direction for the partnership may diverge from existing strategies - Leading to problems with delivery of current services and threat to achievement of integration timelines	1. Key milestones will be built into joint plans based on local needs and benefits not policy change evidenced by draft Strategic Plan and workplan for Integration Scheme 2. The milestones will be closely monitored by the HSCP Board and Officers of East Lothian Partnership on a monthly basis and effective action will be agreed to ensure any misalignment from the agreed milestone is addressed. This will be evidenced by the minutes of meetings which will include an action plan that identifies who is responsible, a timeframe for completion and details of remedial actions 4. There will be regular consultation and engagement with staff and stakeholders throughout this process, evidenced by discussion at CHP Sub Committee, Shadow Board and Staff Engagement sessions 5. Joint management structure agreed by Council and Health Board	Adequate but partially effective; control is properly designed but not being implemented properly	[25/05/2015 11:47:35 Stuart Cameron] Risk reviewed and updated by Chief Nurse [21/03/2014 13:14:13 Stuart Cameron] Risk combined with 3585 & 3586 and re-written	Medium	Medium	Yes	David A Small	David A Small	25/05/2015

# CURRENT EAST LoTHIAN NHS RISK REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1776	5. Develop whole system capacity to deliver care closer to home	Care Home closure or restriction on admissions: potential increase in number of delayed discharges	There is a risk that closure and/or suspension of admissions to Care Homes will impact on bed capacity across NHS Lothian because we would have to accommodate the residents from those care homes into NHS beds leading to an inability to admit to those NHS beds and not being able to discharge patients to the affected care homes.	<p>If a care home is suspended from admissions / closed:</p> <ol style="list-style-type: none"> <li>1. There is an NHS Lothian escalation policy that would be invoked</li> <li>2. CHP Business Continuity Plan details the processes to be followed if NHS beds are required to support care home residents in the event of care home closure.</li> <li>3. Care Home Liaison Adviser develops close links with all Care Homes in area to support and identify issues which may arise before escalation</li> <li>4. Joint contingency planning between East &amp; Midlothian Councils and East &amp; Midlothian CHP in place to manage capacity and plan for additional support to care homes to prevent closure.</li> <li>5. NHS Lothian Site &amp; Capacity Management Team would have knowledge of pan-Lothian bed availability</li> <li>6. Roodlands Hospital Management Team may assist with any areas requiring additional input (lead consultant geriatrician)</li> <li>7. Multi-agency strategy meetings convene when special circumstances arise e.g. suspension of admissions to a care home where actions will be agreed to safely manage closure or provide additional support to prevent closure</li> </ol>	Satisfactory; controls adequately designed to manage risk and working as intended	<p>[25/05/2015 11:31:03 Stuart Cameron] Risk reviewed by Chief Nurse</p> <p>[11/03/2014 10:08:13 Stuart Cameron] 10/03/14: Controls updated</p> <p>[02/07/2013 10:33:03 Stuart Cameron] No actions required at this time. The integration process with local councils should afford additional opportunities to review business continuity and organisational resilience in the event of a care home closure</p> <p>09/04/2013: Risk reviewed by SMT. Controls updated</p>	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015
1803	6. Protect and Improve Health in Lothian for All	Public Protection	There is a risk that an individual may come to harm because public protection policy and procedures etc are not embedded leading to harm to an individual	<ol style="list-style-type: none"> <li>1. Mandatory systems are in place to ensure all staff complete training which is monitored through PDPs</li> <li>2. Training records are kept on the electronic staff records ("Empower") and are used to review training needs.</li> <li>3. Retrospective PVG checks are made on all staff including independent contractors</li> <li>4. A Joint East &amp; Midlothian Public Protection Unit is opened in April 2014 with a dedicated Team Manager</li> </ol>	Satisfactory; controls adequately designed to manage risk and working as intended	<p>[25/05/2015 11:33:30 Stuart Cameron] Risk reviewed by Chief Nurse</p> <p>[21/03/2014 13:02:06 Stuart Cameron] 21/03/14: Risk description changed and controls updated</p> <p>[11/03/2014 10:14:29 Stuart Cameron] 10/03/14: Controls updated</p> <p>[10/03/2014 15:00:58 Stuart Cameron] Risk analysis to be reviewed after 6 months to determine impact of Public Protection Unit</p> <p>[15/07/2013 15:23:03 Stuart Cameron] 15/07/2013: Risk #1803 (Child Protection Procedures) and #1804 (Support and protection of vulnerable adults) combined into one risk (#1803) Risk ID 1804 closed off.</p> <p>09/04/2013: Reviewed by SMT. Additional control included</p>	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015

CURRENT EAST LoTHIAN NHS RISK REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1806	6:Protect and Improve Health in Lothian for All	Lone working, violence, aggression and abuse toward staff	There is a risk that staff working in any public facing situation may be subjected to verbal and/or physical abuse as the result of an uncontrolled environment or other unforeseen situation leading to serious emotional and/or physical harm, sickness absence and possible HSE investigation.	<ol style="list-style-type: none"> <li>All staff undertaking home visits must complete the higher level (level 2) violence and aggression training in addition to NHS Lothian mandatory training.</li> <li>All staff who work in the community are supported by their local "Safe &amp; Well" procedures in addition to the NHS Lothian Lone Working Policy.</li> <li>Out of hours staff in East &amp; Midlothian are provided with with the "Identicom Personal Safety System" and are trained in its use</li> <li>Ward / day hospital / department based staff complete the required level of V&amp;A training and maintain their level of competency</li> <li>Reports of incidents involving violence and/or aggression are reported on Datix and investigated according to their level of harm</li> <li>Significant Adverse Event Procedure for death, major harm and RIDDOR incidents is in place to identify cause, effect &amp; learning.</li> </ol>	Satisfactory, controls adequately designed to manage risk and working as intended	[25/05/2015 11:35:43 Stuart Cameron] Risk reviewed by Chief Nurse [11/03/2014 10:19:45 Stuart Cameron] 10/03/14: Controls updated 09/04/2013: Risk reviewed by SMT - change to risk description and wording in 'controls' amended	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015





**REPORT TO:** Audit and Governance Committee

**MEETING DATE:** 15 September 2015

**BY:** Chief Executive

**SUBJECT:** Adult Wellbeing Risk Register

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## **1 PURPOSE**

- 1.1 To present to the Audit and Governance Committee the Adult Wellbeing Risk Register (Appendix 1) for discussion, comment and noting.
- 1.2 The Adult Wellbeing Risk Register has been developed in keeping with the Council's Risk Management Strategy and is a live document which is reviewed and refreshed on a regular basis, led by the Adult Wellbeing Local Risk Working Group (LRWG).

## **2 RECOMMENDATIONS**

- 2.1 It is recommended that the Audit and Governance Committee notes the Adult Wellbeing Risk Register and in doing so, the Committee is asked to note that:
  - the relevant risks have been identified and that the significance of each risk is appropriate to the current nature of the risk
  - the total profile of the Adult Wellbeing risk can be borne by the Council at this time in relation to the Council's appetite for risk
  - although the risks presented are those requiring close monitoring and scrutiny over the next year, many are in fact longer term risks for Adult Wellbeing and are likely to be a feature of the risk register over a number of years

## **3 BACKGROUND**

- 3.1 The Risk Register has been compiled by the Adult Wellbeing LRWG. All risks have been evaluated using the standard (5x5) risk matrix which involves multiplying the likelihood of occurrence of a risk (scored 1-5) by its potential impact (scored 1-5). This produces an evaluation of risk as either 'low (1-4)', 'medium' (5-9), 'high' (10-19) or 'very high' (20-25).

- 3.2 The Council's response in relation to adverse risk or its risk appetite is such that:
- Very High risk is unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position;
  - High risk may be tolerable providing the Council is assured that adequate and effective control measures are in place;
  - Medium risk is tolerable with control measures that are cost effective;
  - Low risk is broadly acceptable without any further action to prevent or mitigate risk.
- 3.3 The current Adult Wellbeing Risk Register includes 1 Very High risk, 6 High risks and 6 Medium risks.
- 3.4 A copy of the risk matrix used to calculate the level of risk is attached as Appendix 2 for information.

#### **4 POLICY IMPLICATIONS**

- 4.1 In noting this report the Council will be ensuring that risk management principles, as detailed in the Corporate Risk Management Strategy are embedded across the Council.

#### **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 This report is not applicable to the well being of equalities groups and an Equalities Impact Assessment is not required.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – It is the consideration of the Adult Wellbeing Local Risk Working Group that the recurring costs associated with the measures in place for each risk are proportionate to the level of risk. The financial requirements to support the Risk Register for the year ahead should be met within the proposed budget allocations. Any unplanned and unbudgeted costs that arise in relation to any of the corporate risks identified will be subject to review by the Corporate Management Team.
- 6.2 Personnel – There are no immediate implications.
- 6.3 Other – Effective implementation of this register will require the support and commitment of the Risk Owners identified within the register.

#### **7 BACKGROUND PAPERS**

- 7.1 Appendix 1 – Adult Wellbeing Risk Register

## 7.2 Appendix 2 – Risk Matrix

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<b>DATE</b>	3 September 2015



**Adult Wellbeing Risk Register v9**

Date reviewed: 03 September 2015

Risk ID No.& Status S/C/N (same, changed, new)	Risk Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures (currently in place)	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures]			Risk Owner	Timescale for Completion / Review Frequency	Single Outcome Agreement Outcome Number Link	Evidence held of Regular Review
			Likelihood	Impact	Risk Rating		Likelihood	Impact	Residual Risk Rating				
			L	I	L x I		L	I	L x I				
AW 1	<p>New national targets on delayed discharge of “no delays over two weeks” from 1 April 2015 will create additional pressures, increased demand whilst having limited capacity.</p> <p>These new targets will have wide ranging implications across the whole care system and put pressure on assessment staff, business systems and financial resources.</p>	<p>Increased surveillance of care homes to identify spare capacity.</p> <p>Pilot new initiatives to assess potential new models in the delivery of care including frailty project, help to live at home, hospital to home and step up/step down beds.</p> <p>Close working with NHS to commence discharge planning at the earliest opportunity.</p> <p>Re-tendered Help to Live at Home framework to increase capacity.</p> <p>20 step down beds now available at Crookston Home.</p>	4	5	20	<p>Closer working and good co-operation with care at home providers to consolidate runs and release additional capacity which has seen significant improvements in delays over 4 weeks over the past year.</p> <p>Introduce tiered bed management across the sector.</p> <p>A delayed discharge action plan is in place and a weekly task force is chaired by the Health &amp; Social Care Partnership (HSCP) Director. Plans are also being developed to invest £1.7m Scottish Government funds over the next 3yrs.</p> <p>New emergency care and hospital to home services implemented and dedicated team approach to reducing delays is working.</p>	2	4	8	<p>Director of Health &amp; Social Care</p> <p>Chief Nurse /Head of Health</p> <p>Interim Senior Manager Operations and Chief Social Worker</p>	April 2016	9	Risk reviewed and refreshed September 2015 with Current Risk increased from 12 to 20 and Residual from 16 to 8 due to impact of control measures.
AW 2	<p>A service user suffers harm or detriment and becomes subject to Adult Protection measures due to a lack of appropriate operational processes and resources. This would result in reputational damage to and increased scrutiny of the Social Work service.</p>	<p>Sound operational procedures and trained staff with supervisory support.</p> <p>Continuous monitoring and review.</p> <p>Adult protection arrangements are designed to protect the most vulnerable.</p> <p>Feedback from Care Inspectorate reports is followed up and recommendations implemented.</p> <p>Feedback from service users helps to identify problems with service delivery that may expose service users to risk.</p> <p>Three new Senior Practitioners appointed with responsibilities refined and clarified.</p> <p>The East and Midlothian Public Protection Committee (EMPPC) has been established ensuring robust links with East and Midlothian Drug and Alcohol Partnership (MELDAP).</p>	3	5	15	<p>Review service delivery in line with integration agenda.</p> <p>The allocation of resources will be monitored and assessed and redirected to manage risk in a pro-active way.</p> <p>Review of practices associated with the administration of medication in all Adult Wellbeing services and associated NHS Lothian services is underway with further work required. Ensure appropriate training for relevant social care and health staff is in place.</p>	2	5	10	<p>Interim Senior Manager Operations and Chief Social Worker</p>	April 2016	5	Risk reviewed and refreshed September 2015 with no change .
AW 3	<p>Lack of a skilled and experienced workforce results in an inability to provide high quality assessment and support and increased pressure on existing staff. This results in poor operational performance leading to higher cost of care services.</p>	<p>Offer support to staff recruitment and training.</p> <p>Mandatory training compliance. Compliance levels improving following audit which has resulted in an action plan being put in place.</p> <p>Inclusion of Training needs analysis within Supervision and PRD.</p>	4	3	12	<p>Increase staff learning opportunities, sustain high levels of supervision.</p>	3	3	9	<p>Senior Manager Resources</p>	April 2016	6, 9 & 10	Risk reviewed in September 2015.

Risk ID No. & Status S/C/N (same, changed, new)	Risk Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures (currently in place)	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures]			Risk Owner	Timescale for Completion / Review Frequency	Single Outcome Agreement Outcome Number Link	Evidence held of Regular Review
			Likelihood	Impact	Risk Rating		Likelihood	Impact	Residual Risk Rating				
			L	I	L x I		L	I	L x I				
AW 4	Failure of the Council to provide employees with an effective Lone Working Policy & Practice and the appropriate training could result in injury or death to those employees resulting in H&S prosecution, civil insurance liability, reputational risk, increased sickness absence, pressures on service delivery and also potential claims against the Council.	Information on Lone Working Policy and Procedures is embedded within Adult Wellbeing and is part of the Service Level Induction process. All employees have received training on the use of the ELC lone working system. Specific procedures are in place including risk assessments and electronic diaries and signing in/out books.  The use of work mobiles and use of the Lone Working system through the Contact Centre is promoted by the managers.	3	4	12	The Council is working towards creating a Potentially Violent Clients Register which will enable the sharing of information relating to potentially violent clients across customer facing teams which in turn allows managers to identify and implement appropriate control measures protecting employees from harm.	2	4	8	Interim Senior Manager Operations and Chief Social Worker	December 2015	N/A	Risk reviewed and refreshed April 2015 with Current Risk reduced from 15 to 12 and Residual from 10 to 8 thanks to implementation of new measures.  Risk reviewed September 2015, no change.
AW 5	Unfavourable Joint Inspection of Older Persons report resulting in loss of reputation and additional workload to prepare and deliver improvement plan.	Use of HGIOC to identify service improvements is evolving and provides the evidence base for forthcoming joint inspection. Self evaluation programme using SWIA Performance Improvement Model (PIM).  Maintenance of professional dialogue with Care Inspectorate.  Inspection arrangements are being managed via a senior management project group which has planned comms, engagement events with staff and the practical support /engagement with the Inspectors. A small but dedicated staff team has been created to support this work.  A comprehensive joint position statement produced by Health and Adult Wellbeing in preparation for the Inspection has been passed to the Inspectors on time and of good quality.  Inspectors are now on site for 3 weeks of inspection, w/c 24 <sup>th</sup> August, 15 <sup>th</sup> of September and 4 <sup>th</sup> October.  Indications are that the first week has been very effectively managed.	3	4	12	Extend involvement in HGIOC/Public Service Improvement Framework process to include wider range of staff and external partners including third sector and health  Public Service Improvement Framework is currently being rolled out across the Health side of the HSCP.  Structured pre-active preparation is taking place for the 2015 inspection.  Service transformation agenda is being developed to ensure that and learning /actions points from the Inspection are responded to appropriately and in a timely manner.	2	3	6	Director of Health & Social Care  Chief Nurse /Head of Health  Head of Service Children's Wellbeing  Interim Senior Manager Operations and Chief Social Worker  Service Managers	November 2015	9	Risk reviewed and refreshed September 2015. Residual risk reduced to 6, as preparedness and ability to respond to inspection findings is being strengthened and effectively managed.

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			Likelihood	Impact	Risk Rating		Likelihood	Impact	Residual Risk Rating				
			L	I	L x I		L	I	L x I				
AW 6	Demographic pressure increases the cost of service delivery which cannot be dealt with due to budget constraints resulting in an impact on service delivery and the inability to cope with demand further resulting in political scrutiny.	<p>Best value purchasing of external services.</p> <p>Service transformation and strategic commissioning to ensure services are targeted to achieve best value and meet the needs of the vulnerable.</p> <p>Resource allocation system (RAS) established and additional short term capacity to accelerate pace of reviews is being sought.</p> <p>Self Directed Support (SDS) implemented and audited with action plan in place.</p> <p>Working in partnership with Health, third sector and independent sector to shift the balance of care and support more people to stay at home longer.</p> <p>Good progress being made in partnership working with third sector including Day Centres Association.</p> <p>Keeping CMT and Council apprised of the demographic pressures facing the Council.</p>	3	4	12	<p>Review of resource allocation and to ensure resources are allocated to those with greatest need.</p> <p>Revisions to existing charges now agreed with Short Life Working Group being implemented in line with 2015/16 Council budget. Further preparation to take place with stakeholder re-budget setting and charge increases in 2016/17.</p> <p>Refresh of Older People's Strategy.</p> <p>Establishment of joint budgets to deliver IJB Strategic Plan.</p>	2	3	6	<p>Director of Health &amp; Social Care</p> <p>Chief Nurse /Head of Health</p> <p>Interim Senior Manager Operations and Chief Social Worker</p> <p>Senior Manager Resources</p>	April 2016	4 5	<p>Risk reviewed and refreshed April 2015 with Current Risk reduced from 16 to 12 and Residual from 9 to 6 thanks to implementation of new measures and further planned measures.</p> <p>Risk reviewed September 2015, no change.</p>
AW 7	The failure of a major Care Home or Domiciliary Care provider e.g. Southern Cross resulting in a loss of capacity and the risk of service users being put at risk as a result of their service withdrawn at short notice.	<p>Close monitoring with care providers helps to identify potential service failures while close working with all providers helps gain advance information of any potential failure.</p> <p>Continued involvement with COSLA and Social Work Scotland working groups.</p> <p>Retendered Help to Live at Home puts emphasis on outcomes for service users and service quality.</p> <p>Quarterly Multi-Agency quality of care meetings for both Residential and Homecare.</p> <p>Participation in national working groups to maintain national market intelligence.</p> <p>Continuing to work closely with providers to provide support with improvement planning. Ongoing standard practice working with providers.</p> <p>Continue to develop step-in arrangements for care homes.</p>	3	4	12	<p>Develop of contingency arrangements to deal with failure of a major care provider.</p> <p>Working with other Councils to allow information sharing mutual support and contingency planning.</p> <p>Establishing short and longer term approaches to maximising capacity within the current contract arrangements and identifying what can be done to alter those arrangements either by amending the current or retendering.</p>	3	2	6	<p>Director of Health and Social Care</p> <p>Chief Nurse/Head of Health</p> <p>Interim Senior Manager Operations and Chief Social Worker</p> <p>Senior Manager Resources</p>	December 2015	9	<p>Risk reviewed and refreshed April 2015.</p> <p>Risk reviewed and refreshed September 2015 actions updated.</p>

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			L	I	L x I		L	I	L x I				
AW 8	Restructuring of Community Justice will result in significant changes to Criminal Justice Services, including: <ul style="list-style-type: none"> <li>Abolition of CJAs by April 2017</li> <li>Delivering community justice via CPPs</li> </ul> This could result in key services not being provided to an appropriate standard as well as non-compliance with legislation.	Regular discussion with all staff and stakeholders  Effective consultation with all stakeholders will allow early identification of risks and identify mitigating actions.	3	3	9	Communication with staff to allow risk areas to be identified and reduce uncertainty.  National funding to support preparation for reporting/audit channels for 2015/16 agreed.	3	3	9	Criminal Justice Service Manager	April 2016	6, 9 & 10	New risk created May 2015. Reviewed September 2015. No change.
AW 9	A reduced level of service is available as a result of a system failure causing a loss of access to Frameworki Social Work management information system.	Contingency arrangements are in place to provide a back up service if required.  Contingency back arrangements are tested.  Staff would deal with emergencies based on information available in the short term.  Staff can relocate to other offices to deal with a local outage.	3	3	9	Move to latest version of Frameworki (Mosaic) is currently delayed at supplier side. Date for introduction now October 2015	3	3	9	Senior Manager Resources	April 2016	6, 9 & 10	Risk reviewed and refreshed April 2015 with delay increasing score from 6 to 9.  Reviewed September 2015. No change
AW 10	Self-Directed Support Legislation.  Failure to comply with new legislation could result in reputational damage associated with failure and there is also a financial risk associated with implementing SDS.	Extensive training of staff to ensure awareness of SDS and any changes to practice required to support implementation  Changes to infrastructure to better support SDS approach (e.g. Re-provision of service at Fisherrow Hub)	3	3	9	Continuing programme of staff training and communication with service users  Further work required to review support for adults with a learning disability including arrangements for transport and day sessions and additional options for community based activities.  Review of financial support systems and processes to ensure SDS compliance and best practice.  Review underway and improvement plan in place via development of SDS Support Team.	2	3	6	Interim Senior Manager Operations and Chief Social Worker  Service Manager: Resources	November 2015	6, 9 & 10	Risk reviewed and refreshed April 2015.  Reviewed September 2015. No change pending completion of the review. Review date revised to November 2015.
AW 11	Health and Social Care and Adult Wellbeing Integration  There is a risk that: <ul style="list-style-type: none"> <li>The focus on integration may in the short term divert staff and resources from other priorities.</li> <li>Development of integration processes and structures may disrupt current structure and staffing arrangements.</li> <li>The development of a strategic direction for the partnership may</li> </ul>	Key milestones will be built into joint plans based on local needs and benefits not policy change evidenced by draft Strategic Plan and work plan for Integration Scheme.  There will be regular consultation and engagement with staff and stakeholders throughout this process. Evidenced by discussion at CHP Sub Committee, Shadow Board and Staff Engagement sessions.  Integrated governance model in place	3	3	9	Organisational Development and project management support will be provided to ensure controls are adequate, effective and implemented properly.  Work underway to overcome barriers to operational integration including IT systems, financial management, HR systems, etc. Development of integration strategy.  National funding to support local integration available from April 2015.	2	3	6	Director of East Lothian Health and Social Care Partnership	Risk to be reviewed regularly during 2015/16.	6, 9 & 10	Risk created April 2014 in Corporate Risk Register then moved to Service Risk Register at the request of CMT.  Refreshed May 2015.  Reviewed September 2015. No change.



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			L	I	L x I		L	I	L x I				
	diverge from existing strategies - leading to problems with delivery of current services and threat to achievement of integration timelines. <ul style="list-style-type: none"> <li>Risk of barriers to integration constraining business objectives.</li> </ul>	and joint management team in place.				IJB development of the strategic plan will provide clear strategy and direction  The change Strategy is predicated on extensive staff engagement..							
AW 12	Major elements of public sector reform are either taking place or being proposed in addition to integration of health and social care including: <ul style="list-style-type: none"> <li>Welfare Reform and the replacement of Disability Living Allowance with Personal Independence Payment</li> <li>The replacement of Council Tax benefit with a cash limited locally administered scheme.</li> </ul> <p>These reforms create uncertainty, additional workload for senior and frontline staff, requirement to restructure services and create new accountability, governance and partnership arrangements.</p> <p>These reforms impact on Adult Wellbeing (AW) clients, many of whom live on limited income and face uncertainty about their future levels on income.</p> <p>As service users see their incomes reduced, this impacts on the level of income received by AW through client contributions, imposing additional pressures on the AW budget.</p>	Regular discussion with all staff and stakeholders.  Effective consultation with all stakeholders will allow early identification of risks and identify mitigating actions.  Revised charging policy.	3	3	9	Joint working across the whole Council will allow resources to be directed to the key vulnerabilities and allow a cross council approach to be taken to managing this risk  Communication with staff to allow risk areas to be identified and reduce uncertainty.  Communication with service users to advise the potential impact of welfare reform and the support available.  Income levels will be monitored to detect any fall off in client contributions.  Consolidated review process for charges in preparation to report in time for the 2016/17 Budget setting process.  Rationalised approach to charging for telecare to be reported after consultation in October 2015.	2	2	4	Interim Senior Manager Operations and Chief Social Worker  Senior Management Team.	December 2015	6, 9 & 10	Risk reviewed and refreshed April 2015.  Risk reviewed and refreshed September 2015.
AW 13	Residential homes are forced to close because the standard of the buildings of the care homes and other services do not meet the necessary standards and are no longer fit for purpose.	Adequate ongoing maintenance.  Strategic planning for new homes by the Asset Management Group – Crookston Care Home opened in Tranent, September 2014.  Regular building condition surveys to identify potential deterioration in building quality.	3	2	6	Feedback Care Inspectorate, service users and carers and staff. Constant diligence and responses feedback underway. Any Capital requirements will be fed into the 2016/17 Budget setting round.  Refresh Older People strategy to determine bed numbers acquired over 3/5/10 year periods. Bed modelling exercise utilising the Capita currently underway and will be finalised as part of the IJB Strategic Plan	2	2	4	Senior Manager Resources	April 2016	6	Risk reviewed and refreshed April 2015.  Risk refreshed September 2015 Older Persons Strategy review deadline revised to April 2016

Risk ID No. & Status S/C/N (same, changed, new)	Risk Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures (currently in place)	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures]			Risk Owner	Timescale for Completion / Review Frequency	Single Outcome Agreement Outcome Number Link	Evidence held of Regular Review
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			L	I	L x I		L	I	L x I				
<b>Original date produced (Version 1)</b>	1st March 2012												
<b>File Name</b>	Adult Wellbeing Risk Register										<b>Risk Score</b>	<b>Overall Rating</b>	
<b>Original Author(s)</b>	S Kennedy										<b>20-25</b>	<b>Very High</b>	
<b>Current Revision Author(s)</b>	S Kennedy										<b>10-19</b>	<b>High</b>	
<b>Version</b>	<b>Date</b>	<b>Author(s)</b>	<b>Notes on Revisions</b>									<b>5-9</b>	<b>Medium</b>
Original	1st March 2012	S Kennedy										<b>1-4</b>	<b>Low</b>
2	19 <sup>th</sup> November 2012	S Kennedy	Updated following revision of Risk Strategy										
3	30 <sup>th</sup> January 2013	S Kennedy	Revisions made following Adult Wellbeing Management Team meeting.										
4	11th April 2013	S Kennedy	Updates received from Linda Young and John Finn. Updates and one risk removed by Murray Leys.										
5	April 2014	S Kennedy	All risks reviewed and refreshed following review by Murray Leys while Community Disposals risk updated by Fiona Duncan.										
6	May 2014	S Kennedy	Former Corporate Risk on Integration added to Service RR at request of CMT.										
7	June 2014	S Kennedy	Lone Working, Re-structuring, Care Inspection Report and SDS Legislation Risks added and amendments made by M O'Connor.										
8	May 2015	S Kennedy	All risks reviewed and refreshed by Adult Wellbeing Management.										
9	September 2015	M Murphy	All risks reviewed and refreshed by Adult Wellbeing Management.										

**Appendix 2**  
**East Lothian Council**  
**Risk Matrix**

Likelihood Description

Likelihood of Occurrence	Score	Description
Almost Certain	5	Will undoubtedly happen, possibly frequently >90% chance
Likely	4	Will probably happen, but not a persistent issue >70%
Possible	3	May happen occasionally 30-70%
Unlikely	2	Not expected to happen but is possible <30%
Remote	1	Very unlikely this will ever happen <10%

Impact Description

Impact of Occurrence	Score	Description						
		Impact on Service Objectives	Financial Impact	Impact on People	Impact on Time	Impact on Reputation	Impact on Property	Business Continuity
Catastrophic	5	Unable to function, inability to fulfil obligations.	Severe financial loss (>5% budget)	Single or Multiple fatality within council control, fatal accident enquiry.	Serious - in excess of 2 years to recover pre-event position.	Highly damaging, severe loss of public confidence, Scottish Government or Audit Scotland involved.	Loss of building, rebuilding required, temporary accommodation required.	Complete inability to provide service/system, prolonged downtime with no back-up in place.
Major	4	Significant impact on service provision.	Major financial loss (3-5% budget)	Number of extensive injuries (major permanent harm) to employees, service users or public.	Major - between 1 & 2 years to recover pre-event position.	Major adverse publicity (regional/national), major loss of confidence.	Significant part of building unusable for prolonged period of time, alternative accommodation required.	Significant impact on service provision or loss of service.
Moderate	3	Service objectives partially achievable.	Significant financial loss (2-3% budget)	Serious injury requiring medical treatment to employee, service user or public (semi-permanent harm up to 1yr), council liable.	Considerable - between 6 months and 1 year to recover pre-event position.	Some adverse local publicity, limited damage with legal implications, elected members become involved.	Loss of use of building for medium period, no alternative in place.	Security support and performance of service/system borderline.
Minor	2	Minor impact on service objectives.	Moderate financial loss (0.5-2% budget)	Lost time due to employee injury or small compensation claim from service user or public (First aid treatment required).	Some - between 2 and 6 months to recover.	Some public embarrassment, no damage to reputation or service users.	Marginal damage covered by insurance.	Reasonable back-up arrangements, minor downtime of service/system.
None	1	Minimal impact, no service disruption.	Minimal loss (0.5% budget)	Minor injury to employee, service user or public.	Minimal - Up to 2 months to recover.	Minor impact to council reputation of no interest to the press (Internal).	Minor disruption to building, alternative arrangements in place.	No operational difficulties, back-up support in place and security level acceptable.

Risk	Impact				
	None (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Remote (1)	1	2	3	4	5

Key

Risk	Low	Medium	High	Very High
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**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 26 November 2015  
**BY:** Chief Officer  
**SUBJECT:** IJB Identity (update)

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**10**

## **1 PURPOSE**

- 1.1 To update members on the development of an identity for the East Lothian Integration Joint Board (IJB).

## **2 RECOMMENDATIONS**

- 2.1 The IJB is recommended to:
- i. note the content of this report.
  - ii. approve the adoption of the full-colour seven-symbol logo.
  - iii. approve the development of letterheads and literature in the new branding.

## **3 BACKGROUND**

- 3.1 It was agreed at the IJB meeting of 27<sup>th</sup> August 2015 that it was important to develop an identity for the East Lothian IJB in order to:
- signal that change is underway and the IJB has standing in its own right
  - demonstrate that two organisations are now working as one
  - communicate the ethos and values of the East Lothian IJB
  - help stakeholders to feel comfortable with and confident in the IJB, the functions we deliver and allied activities.
- 3.2 The August IJB meeting decided that the logo and branding would feature the wording 'East Lothian Health and Social Care Partnership' in preference to 'East Lothian IJB' on the logo, as the partnership already has brand recognition.

- 3.3 The branding work has been progressed by local company Creative Link, who have designed for both the council and NHS Lothian before. Creative Link, working to a brief supplied to them by the Communications Officer, produced four logo designs, which are attached at Appendix 1. The brand employs symbols that are also being used by the City of Edinburgh IJB to ensure consistency for service-users and patients. However, the East Lothian IJB is unique and not likely to be confused with Edinburgh IJB branding.
- 3.4 As agreed at the August 2015 IJB meeting, the four designs were shared with stakeholders through a variety of means, including the East Lothian Health and Social Care Partnership and the East Lothian Consultation Hub. We got around 15 replies in total, almost all of whom favoured the full-colour logs involving the symbols either in a line or a rectangular layout. More people favoured the linear layout and, because we needed branding for our 'Big Conversation' event, with the approval of the Chair, we used the linear logo *pro tem*. It was well received at the event.
- 3.5 We now hope that the IJB will approve the use of the linear logo as the basis for development of our branding. Obviously, this issue is now quite pressing as we are only months away from integration and a great deal of communications work will have to happen in that time.
- 3.6 Once the logo has been agreed by the IJB, work can proceed on developing letterheads for services and teams working in the East Lothian Health and Social Care Partnership and for media work.

#### **4 POLICY IMPLICATIONS**

- 4.1 None.

#### **5 EQUALITIES IMPLICATIONS**

- 5.1 None.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 The sum of £1000 for development of branding and visuals. This will be funded from the HR/OD allocation.

#### **7 BACKGROUND PAPERS**

- 7.1 Appendix 1 – logo designs.

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<b>DESIGNATION</b>	Communications Officer
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<b>DATE</b>	19 November 2015

## Appendix 1 – Logo Designs

