



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

**THURSDAY 20 FEBRUARY 2025
VIA DIGITAL MEETINGS SYSTEM**

1

Voting Members Present:

Councillor S Akhtar (Chair)
Mr J Blazeby
Dr P Cantley
Mr A Cogan
Councillor J Findlay
Ms E Gordon
Councillor L Jardine
Councillor C McFarlane

Non-voting Members Present:

Mr D Binnie	Mr D Bradley
Ms L Byrne	Ms S Gossner
Mr D Hood	Ms C MacDonald
Dr C Mackintosh	Ms M McNeill
Mr T Miller/Mr L Kerr	Mr M Porteous
Ms F Wilson	Dr K Burke (*substitute)

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms C Goodwin	Ms J Jarvis
Ms L Kerr	Mr A Main
Mr N Munro	Ms C Rodgers
Mr G Whitehead	

Clerk:

Ms F Currie

Apologies:

Ms A Allan
Dr J Hardman
Dr K Kasengele*

Declarations of Interest:

None

The Chair welcomed everyone and advised that the meeting was being recorded and would be made available as a webcast in order to allow the public access to the democratic process in East Lothian. East Lothian Council and NHS Lothian were the data controllers under the Data Protection Act 2018. Data collected as part of the recording would be retained in accordance with the Council and Health Board's policies on record retention. The webcast of this meeting would be publicly available for up to six months.

The Clerk confirmed members' attendance by roll call.

1. MINUTES OF THE EAST LoTHIAN IJB MEETING ON 19 DECEMBER 2024 (FOR APPROVAL)

The minutes of the IJB meeting on 19 December 2024 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 19 DECEMBER 2024

The following matters arising from the minutes on 19 December 2024 were discussed:

Item 2 - The Chair asked is there had been any change to the national guidance on vaccinations for carers. David Hood reported that there had been no change to the position but that conversations were ongoing around the vaccination programme for the next financial year, and he would ask for this to be flagged up as part of the negotiations. The Chair said it was important to keep raising this matter with the national body.

Item 4 – The Chair asked for an update on progress with the Housing Partners Board. Laura Kerr confirmed that the Board was up and running with numerous meetings having taken place with housing colleagues. The joint meetings between housing and health colleagues would continue to help support partnership working and managing challenges going forward.

Item 8 – Jonathan Blazeby asked for an update on the unscheduled care actions approved by the IJB in December. He also asked whether it would be possible to include an action note as part of the IJB meeting minutes to keep track of progress on agreed actions. Fiona Wilson advised that it was still early in the process given the level of investment and recruitment that was being put in place but there were signs of progress in terms of front door performance. The key to improvements was sustainability and she intended to bring a further update to the IJB in due course.

The Chair said that it would be useful to see the impact that this work was having on people waiting for packages in the local community. Ms Wilson pointed out that the goal of the money was to improve front door performance and the access standard, and that each IJB had adopted a different approach. While it might be possible to provide details of the number of people helped the focus was on front door performance. The Chair suggested monitoring of any unintended consequences as a result of this work, so these might also be addressed.

Item 9 – Councillor Lyn Jardine asked if there had been any response to the action agreed to formally escalate concerns to partners. The Chair advised that she had received some feedback from the Council on budget development proposals following her letter to the partners. Ms Wilson said that she had not seen any response to the Chair's letter nor any information from the partners from a budget perspective.

3. CHAIR'S REPORT

A report was presented on the activities undertaken by the Chair of East Lothian IJB and any relevant updates.

The Chair reported that much of her time lately had been taken up in supporting Council colleagues in the budget process. She advised that the Council's budget offer to the IJB for 2025/26 was now in the public domain.

Councillor Jardine referred to paragraphs 3.2 to 3.5 in the report and asked if the Chair's engagement in the budget process had been as depute leader of the Council or as Chair of the IJB. The Chair said that she had been mindful of both roles and of the impact on the IJB as the Council worked through its budget process.

Councillor Jardine had concerns about this and said that she would discuss this further with the Chair. She emphasised the importance of members being clear that their role in IJB meetings was as members of the IJB, and that this should also be reflected in the Chair's report.

Mike Porteous said that the Council's budget offer was positive as it would enable the IJB to stand still and to address some longstanding pressures, while planning for the financial challenges ahead. He added that the IJB did not have any responsibility for capital funding so any investments that were made were based on Council decisions and not the IJB.

The Chair highlighted some aspects of the budget offer. Ms Wilson cautioned that the offer needed to be worked through by the IJB. While she recognised that this was an excellent offer, given pressures facing the Council, it would not necessarily give the IJB room for any additional investment. Mr Porteous agreed that while it would address some pressures and gaps in funding over the years, there would be no opportunity for wholesale investment.

Mr Blazeby asked for clarification of the IJB's budget-setting process. Mr Porteous explained that while the Council's was a confirmed offer, the figures from health colleagues were currently indicative and would not be confirmed until April. He would bring forward a report to the next meeting of the IJB on 20 March outlining both offers with a view to agreeing the IJB's budget for 2025/26. Ms Kerr added that, previously, the IJB's May meeting had been dedicated to finance and saw the finalisation of its budget following confirmed offers from both partners.

The Chair referred to a statement from the First Minister on 27 January regarding additional funding for 3 priority areas for action and said she had raised with health colleagues the question of what this money would mean for the IJB.

Councillor Jardine asked if this money was part of the Scottish Government's proposed budget and whether further detail was available. The Chair said it was her understanding that this was additional funding, and she had asked health colleagues to establish what this might mean for the IJB.

The Chair highlighted a number of other points from her report.

Decision

The IJB agreed to:

- i. Note the activities and updates that had taken place since the last meeting.
- ii. Note that the report was to help raise awareness of the wide range of work carried out across East Lothian that contributed to the strategic directions of the IJB.

4. APPOINTMENT TO THE IJB CHIEF FINANCE OFFICER POST

A report was submitted by the Chief Officer informing the Integration Joint Board (IJB) of the appointment to the Chief Finance Officer post on a substantive basis.

Paul Currie presented the report referring to the previous paper brought to the IJB outlining the process for appointment to the substantive post and the decision to increase it from part-time to full-time. He invited members to note the appointment of Mr Porteous on a substantive basis.

Councillor Jardine said that, as Chair of the Audit & Risk Committee, she looked forward to an early meeting with Mr Porteous.

The Chair congratulated Mr Porteous on his appointment and welcomed the increase in hours to raise the post from part-time to full-time.

Decision

The IJB agreed to:

- i. Note that following a competitive recruitment process, Mike Porteous had been appointed to the post of Chief Finance Officer, with effect from January 2025.
- ii. Note that in December 2024, it was agreed to increase the hours of the Chief Finance Officer from 0.5 WTE to 1.0 WTE, reflecting the importance of the post in securing a balanced budget for year end and in supporting the delivery of efficiencies across work programmes.

5. 2024/25 QUARTER 3 FINANCE REPORT

A report was submitted by the Chief Finance Officer updating the IJB on the outcome of the partner's Quarter 3 Financial Reviews and providing a revised forecast position on spend and an update on the delivery of efficiencies.

Mike Porteous presented the report which included the position for the IJB's budget as at 31 December, a comprehensive review of the efficiencies programme and the forecast year-end position. He outlined the detail of the forecast overspend, as set out in his report, and the key drivers and noted that the social care overspend had reduced slightly with the use of earmarked reserves. He said he was not expecting any material changes to the forecast positions. He confirmed that both partners had been advised of this and they understood the requirement which may fall to them at year end to fund gaps in their respective positions.

Mr Porteous provided an overview of the efficiencies programme noting that there had been some slippage in delivery timescales for 2024/25 but that these schemes were expected to deliver in full in 2025/26. Any schemes that did not deliver in full this year would be reviewed to maximise delivery in the coming year, and he would include updates on this work as part of future finance reporting to the IJB.

Councillor Jeremy Findlay asked about the use of earmarked reserves given their limited impact on the forecast overspend. Mr Porteous explained that earmarked reserves were for a specific purpose and could only be spent for that purpose. If the Council had qualifying expenditure it could draw down on these funds and the reserves would be released against that spend. If the funds were not spent, they would be carried forward. He was not sure whether these funds were received annually or had built up over time, but he could provide further details to members.

Replying to a question from Andrew Cogan, Mr Porteous advised that the final overspend position would not be known until the year end. At that point, the partners would be notified and, under the terms of the Integration Scheme, the IJB would seek additional funding from them to achieve a breakeven position for this financial year.

Mr Blazeby said it was important to learn lessons in setting the budget for next year and to build in cost savings plans at an early stage. He added that continuing discussions around mitigation and efficiencies throughout the year could be viewed as a distraction from the IJB's main strategic function.

Mr Porteous acknowledged the point saying that the process undertaken was to identify gaps and plan how best to address them. However, it was not always possible to start efficiency schemes on day one. He said that planning for next year had already begun with the intention to use efficiencies that had not been delivered in this year as basis for next year, along with the delivery of other savings plans.

Ms Wilson confirmed that discussions were taking place and, despite a positive offer from the Council and hopefully a similar offer from the health board, the IJB needed to continue to create efficiencies and be agile in delivering its Strategic Plan.

Mr Hood pointed out that there would be a report later in the agenda on the review of the Strategic Plan. The new Plan would link into the 5-year financial plan, future funding gaps and how these might be addressed. He hoped that the budget offers for 2025/26 would provide the IJB with some headroom to do the required financial planning.

Mr Blazeby acknowledged the point but noted that the review of the Strategic Plan was not due to conclude until December 2025.

Responding to a question from Councillor Jardine, Mr Porteous said that the IJB did have some influence over set aside budgets and was working with other IJBs and acute service colleagues to address key challenges, for example, through the improvements to unscheduled care. Ms Wilson agreed saying that there was more scrutiny than ever around how IJBs influenced this area and while progress had been made there was more work to do.

David Binnie asked for clarification of exactly what was meant by 'statutory responsibilities' when talking about efficiencies. He referred to a previous agreement to provide information and asked if this could be done in the form of a paper to the IJB. Ms Wilson said that this had been addressed previously within development sessions. She confirmed that a huge amount of the IJB's work sat within statutory responsibilities.

Ms Kerr said that the position was complex but if the IJB decided only to deliver its statutory responsibilities, for example in respect of social work services, it would not be able to function or meet its obligations in assessing care needs and providing support.

Lindsey Byrne said that the role of services was to protect and support people. She acknowledged that there was a need to consider what the statutory responsibilities were and what services were additional to that and could be stopped. However, she cautioned

that, as an IJB, they had reached the point where if they continued to cut services, they would not be able to deliver in line with the requirements of code of practices and legislation. She agreed it was a difficult balance and needed to be informed by the views of professional leads.

Mr Binnie asked if this included the third sector and whether there would be a degree of protection for those delivering statutory responsibilities. Ms Kerr said this should be a point for future discussion noting that third sector were not often viewed this way, although in many instances they were providing a statutory function.

Mr Blazeby agreed with Mr Binnie that this was an important area, and it would be useful if professional leads could be more specific when talking about statutory responsibilities.

Ms Byrne and Sarah Gossner both agreed that they needed to be clearer, and it was a challenge for them to translate this in a way that everyone understood. As professional leads, they would have to think about how information was presented, perhaps using examples to explain things more clearly.

The Chair mentioned the Chief Social Work Officer annual report's use of case studies as an example of what could be done. On wider financial matters, she emphasised the importance of monitoring the set aside budget and how this might impact community services and transformation work.

Decision

The IJB agreed to:

- i. Note the outcome of partners' Quarter 3 Financial Reviews for 2024/25
- ii. Note the planned release of Earmarked Reserves to offset relevant costs for 2024/25.
- iii. Note the updated level of efficiency delivery for partners for 2024/25, and the requirement to review schemes that did not deliver as planned.

6. PLANNING OLDER PEOPLE'S SERVICES FINAL REPORT AND RECOMMENDATIONS

A report was submitted by the Chief Officer presenting members with the Planning Older People's Services final report and recommendations for their approval.

Andrew Main presented the report setting out the context and background to the project. He said that there had been a real emphasis on providing care at the right time and place and getting people to remain as independent as possible within their own homes and communities. Throughout the project there had also been clear emphasis on co-production and engagement with stakeholders. He advised that from the initial work in 2021 they now had a clear set of priorities fully co-produced with stakeholders and partners across East Lothian. The extensive engagement work had provided the HSCP with a wealth of information and views which should be used to refresh its strategic priorities, and this feedback should be kept at the forefront of future planning work. He highlighted the formation of the Independent Community Panel and the level of support and involvement from all stakeholders. He concluded that the report and recommendations were fully supported by the Panel and the Strategic Planning Group.

Ms Gordon commended the report, and everyone involved in this work. She said that the report and level of feedback were impressive, and she fully supported the recommendations. She asked how the Panel would be expected to work going forward.

Mr Main said that the Panel would meet within the next couple of months to discuss where its future priorities and attention should be. The IJB and strategic planners would also have to consider where the Panel should sit within the Change Board structure. He advised that the new Equalities & Engagement Officer would work with the Panel on these issues and a progress report would be brought back to the IJB. He felt that there were numerous opportunities and areas of interest, and he hoped that the IJB would maintain regular contact with the Panel going forward as it determined how to make the best use of this resource.

Patricia Cantley also commended the report but said she was concerned about the disconnect between ongoing budget discussions and some of the issues highlighted in the recommendations. She said that there was a real risk that the IJB could miss out on a lot of good work by focussing solely on statutory responsibilities. It was important to keep some of these wider services in mind when having discussions around saving money in the longer term.

Mr Main acknowledged that by focussing too closely on front door and acute services there was a risk of losing track of interventions which could help to avoid the need for people to access statutory services.

Councillor Carol McFarlane asked about the potential benefits for older people as a result of retaining the Panel. Mr Main hoped that having appropriate representation across key stakeholders would ensure there was a voice around the table that could provide feedback at an earlier stage of key planning processes.

Councillor Jardine said that this was a truly remarkable piece of work which had included a phenomenal level of engagement. She asked about the opportunities within the co-production model to balance the challenges facing services.

Mr Main said he believed that the IJB had a duty to ensure staff and residents in East Lothian were involved, aware and contributing to discussions. At the forefront of any work there needed to be consideration of who should be around the table and who should be providing input to those discussions. He said that the IJB should be moving away from a culture of telling people what was happening rather than engaging with them, and the Panel was part of that change.

Councillor Jardine said this was a reassuring approach and added that the information gathered as part of this process had helped inform her own engagement with stakeholders.

Mr Blazeby asked about implementation and who would take ownership of this. He noted that this project had taken several years to reach this point, and he felt that people should not have to wait several more years to see the benefits.

Mr Main commented that the IJB Strategic Plan priorities had evolved throughout this process to weave this work in to the Plan. Going forward, he said that the focus would be on ensuring that people could remain in their own homes and enjoy life as independently as possible through investment in intermediate care. Referring to the challenges of eroding finances and a growing population, he said the key would be whether decisions were taken to inject funding into one service potentially at the expense of another service, knowing that this would make a real difference in the mid to longer term. He said he found it extremely encouraging knowing that many stakeholders and members of the public held the same priorities as the IJB.

Mr Blazeby asked if the IJB had contributed to the national consultations and strategies referred to in the report. He noted that some of the well-intentioned priorities were perhaps Lothian-wide or nationwide and he asked whether the IJB was of a sufficient size to drive some of this work.

Mr Main advised that palliative and intermediate care, and tech-based care featured heavily in the wider priorities of the programme board. The IJB's Strategic Plan was also currently being refreshed and there would be opportunities over the coming months to look at these questions. He agreed that intermediate care featured heavily at national and Lothian-wide level and there was a need to keep this under close review, as some decisions taken on a wider geographical basis could have potentially significant implications for services within East Lothian.

Claire Mackintosh said that she was interested in the concept of intermediate care. Although it could be difficult to define, particularly with overlaps into community-based or hospital-based care, it had huge potential.

Ms Gossner advised that palliative care was a priority, but they needed to consider how to link the work taking place locally into Lothian-wide and national perspectives and strategies.

The Chair thanked everyone who had contributed to the project. Referring to recommendation 6, she highlighted the need to consider how best to get data from voluntary and community sector partners and how to share and use this information when seeking support from other partners.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB:

- i. Agreed to note the content and approve the final report.
- ii. Agreed each of the report's recommendations (section 7.1):
 - 1) The East Lothian IJB should adopt the four suggested priorities (palliative and end of life care; polypharmacy; intermediate care; and technology) and embed them within the refreshed strategic plan and updated Programme Board structure. The findings and specific suggestions contained within this report should be progressed further by relevant Senior Managers and Officers as part of the revised Programme Board structure.
 - 2) The East Lothian IJB should retain and develop the Independent Community Panel as a key engagement and participation function. The Panel should form part of a strategic planning and decision-making feedback loop that ensures key stakeholders, particularly those with lived experience, are informed and consulted on key discussions and developments on an ongoing basis.
 - 3) ELHSCP Officers should update and refresh our existing engagement and communications strategies to reflect the role of the Independent Community Panel and take consideration of other key project findings such as: raising awareness of services; accessibility of information; use of technical language; and accessible information standards.

- 4) When considering further financial recovery actions for 2024/25 and working towards a balanced budget position for 2025/26 and beyond as part of the East Lothian IJB 5-year financial plan, officers should remain mindful of the findings of this report, with particular reference to building community capacity and exploring innovative and sustainable intermediate care services.
- 5) ELHSCP Officers to continue to collaborate with NHS Lothian Public Health, East Lothian Council Area Partnership Health and Wellbeing sub-groups, 3rd sector partners / interfaces and community groups to explore and develop early intervention and prevention approaches that support IJB strategic priorities and deliver intermediate care and support.
- 6) ELHSCP Officers to continue to work with NHS Lothian Public Health and East Lothian Council data analysts to improve our Joint Strategic Needs Assessment and use of data and analytics when it comes to informing strategic decision making and service development.

7. EAST Lothian IJB EQUALITIES MAINSTREAMING REPORT 2023-24 AND EAST Lothian IJB EQUALITIES OUTCOMES 2025-2029

A report was submitted by the Chief Officer offering the IJB an opportunity to consider and comment on the content included in the first draft of East Lothian IJB Equality Outcomes 2025-2029; and contribute examples of directions and decisions that contributed to the IJB fulfilling its requirements under the Public Sector Equality Duty in 2023 and 2024.

Mr Main presented the report outlining the recommendations which asked IJB members to read the first draft of the Equalities Outcomes and to read the Equalities Mainstreaming Report and provide appropriate comments or suggested additions. He said that the reports would be revised to incorporate any feedback and would be brought back to the IJB for approval in due course. He asked IJB members to e-mail any comments or suggestions to Kate Thornback by 28 February, however, he would also welcome feedback from members at this meeting.

Ms Gordon noted references within the reports to 'our premises' and 'our staff' and suggested that it might be more accurate to refer to 'our partners' premises or staff.

Mr Main acknowledged the point and he would pass on to Ms Thornback the need to carefully consider wording when talking about premises or staff in the context of the IJB and HSCP.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB agreed to:

- i. Read the first draft of the Equality Outcomes 2025-2029 and:
 - Comment on the suitability of the outcomes in relation to core IJB documents or functions.
 - Suggest any other equality themes and outcomes for consideration for inclusion in the Equality Outcomes 2025-2029.

- ii. Read 'IJB Directions and Equality Mainstreaming' and:
 - Highlight any work related to member areas of responsibility that they think has contributed positively to advancing equality or that has reduced discrimination/disadvantage in 2023 and 2024.
 - Suggest other staff members the Equalities and Engagement Officer could contact to collect these examples.
- iii. Refer an updated version of this paper to SPG and IJB meetings in March/April.

Sederunt: Councillor Findlay left the meeting.

8. REVIEW OF THE EAST LoTHIAN IJB STRATEGIC PLAN

A report was submitted by the Chief Officer informing the IJB of the planned approach to reviewing the current East Lothian IJB Strategic Plan and developing a new Strategic Plan to cover the period of 2025-2030.

Claire Goodwin presented the report which set out the planned approach for reviewing the current Strategic Plan with a view to producing a revised Plan for 2025-2030. This approach reflected the statutory guidance on developing strategic plans and had been presented to Strategic Planning Group who had a key role in this work. She drew attention to the outline of the IJB's involvement and to the planned approach to consultation and engagement as set out in the report. She said it was important to highlight that when planning the engagement approach there was already a wealth of information available from other engagement work which would provide a good starting point. She also pointed out that once the Strategic Plan was in place ongoing engagement, co-production and co-development would be an important part of the implementation of the Plan. She explained that the new Plan would be for 5 years and would be reviewed at the 3-year point. The 5-year term would be useful for a longer-term view and would link with the IJB's 5-year financial plan.

Councillor Jardine asked about the various consultation and engagement activities and if there was any indication of timescales for this work.

Ms Goodwin said that this was a complex landscape, and one example was the Community Planning Partnership's review of the local outcome improvement plan which would be happening alongside the Strategic Plan review. Meetings had already taken place with community planning colleagues to discuss cross referencing feedback from engagement work on both of these plans. There were similar timescales for both of these pieces of work and officers were keen to focus the engagement work to make it as effective as possible. She advised that there would also be the opportunity to feed in priorities from the work of the Area Partnership Health & Wellbeing groups.

Councillor Jardine said that this was reassuring and really helpful and reinforced in her mind the need for a longer-term strategic plan.

Mr Blazeby asked whether the new Plan should be 2026-30, rather than 2025-30 as it would not be finalised until December 2025. He also asked about the timing of the review and whether such an iterative process needed to take 12 months to complete.

Ms Goodwin said that 2025-30 was felt appropriate as the new Plan would be published within the 2025/26 financial year. However, she accepted that this could be looked at. She agreed that it was an iterative process and that the annual delivery plan evolved

year on year. She said that the annual delivery plan for 2025/26 would be reviewed at the same time as the Strategic Plan and that the timescale for development of the new Plan was quite tight when considered against those of neighbouring IJBs.

Ms Kerr added that to do this work any quicker would do it a disservice and would not allow for the completion of the necessary engagement and governance processes. She also felt that 2025/30 was more appropriate as it would directly follow the current Plan and was in line with the approach taken by other IJBs.

Mr Blazeby suggested that, from the public's point of view, it would make more sense for the Plan to be 2026/30 as it was unlikely to be published much before January 2026. He also disagreed with the timescale for reviewing the Strategic Plan.

The Chair thought it important to go through the due process for consultation and engagement so that the IJB could genuinely claim that the Plan was co-produced. She also said that she would be keen to ensure that the organisation, Equally Safe, was included in the engagement process. She encouraged IJB members to support the review and asked Ms Goodwin to advise members on how this could best be achieved.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB:

- i. Agreed the planned approach and timescales for carrying out a review of the current IJB Strategic Plan as outlined in the body of the report, noting the key points at which the IJB would be directly involved in the process.
- ii. Agreed the planned approach to consultation and engagement as described in the appended draft Consultation and Engagement Plan.
- iii. Approved the proposal that the Strategic Plan cover an extended period of five years from 2025 to 2030, with a review taking place in year three as required by the statutory guidance.

9. EAST LOTHIAN IJB AND AUDIT & RISK COMMITTEE MEETING DATES FOR 2025/26

A report was submitted by the Chief Officer setting the dates of East Lothian IJB business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2025/26.

The Clerk presented the report and invited members to approve the meeting dates as set out in the appendices. She also requested that members of the Audit & Risk Committee indicate a preference for one of the two proposed dates for the meeting in December 2025.

Ms Gordon indicated that due to a potential clash with other meetings on the 16th, she would prefer the Audit & Risk Committee meeting to take place on 2nd December. Councillor Jardine also expressed a preference for 2nd December.

The Chair moved to a roll call vote and the recommendations were approved unanimously, noting 2nd December as the preferred choice for the Audit & Risk Committee meeting.

Decision

The IJB:

- i. approve the dates for IJB business meetings during session 2025/26;
- ii. approve the dates for IJB development sessions during session 2025/26; and
- iii. approve the dates for the Audit & Risk Committee meetings during session 2025/26.

DRAFT

Signed

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Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 March 2025

BY: Chair of East Lothian IJB

SUBJECT: Chair's Report

3

1 PURPOSE

- 1.1 To provide a report on the activities undertaken by the Chair of East Lothian IJB and any relevant updates.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the activities and updates that have taken place since the last meeting.
 - ii. Note that the report is to help raise awareness of the wide range of work carried out across East Lothian that contributes to the strategic directions of the IJB.

3 BACKGROUND

- 3.1 The following is a summary of visits, meetings and information updates that are relevant to IJB members.

3.2 *Dunbar Day Centre*

I am planning to visit Dunbar Day Centre on the morning of 18 March. The invitation is open to all IJB members and if anyone is interested in attending then please contact me at: sakhtar@eastlothian.gov.uk.

3.3 *Roots & Fruits AGM*

I attended the Roots & Fruits Annual General Meeting at Elphinstone Community Centre on 28 February. Roots & Fruits are a community-based project who aim to make fruit and vegetables affordable and accessible to people across East Lothian. They do this through their shop in Elphinstone and by delivering to families across the County. In the local community they organise a "Bite and a Blether" Lunch Club to reduce social isolation. They supply fruit to schools, nurseries, playgroups and after school clubs to encourage healthy snacks.

3.4 ***Meeting of Chairs & Vice-Chairs of IJB***

I attended a meeting of Chairs & Vice Chairs of IJB for an update of stage 1 of the National Care Service Bill. On 22 February the Health, Social Care & Sport Committee published a 183-page report on stage 1 of the National Care Service (Scotland) Bill. At this stage it is a “framework Bill” and further details would be required to outline a model of how the proposed National Care Service would operate. Much of the discussion from the civil servant focused on the National Advisory Board and its composition and ensuring representation from voices of unpaid carers and people with lived experience. As there are unpaid carers on every IJB a suggestion was made that this might be a good way of engaging with this group.

3.5 ***Audit Scotland Report – Reform urgently needed to tackle precarious health & social care finances***

Audit Scotland produced the above report of which a link has been provided in the paper. The report outlines the important work of IJB’s in commissioning many vital community-based health and social care services. The report warns that IJBs cannot manage future financial pressures in isolation and that collaboration is needed between council and NHS partners. With a stronger focus on transforming how services are delivered and prevention work.

3.6 ***Trade Union Representation on IJB***

We have two Trade Union Representatives on the IJB Darren Bradley (Council) and Thomas Miller (NHS) from UNISON. Since the last meeting I have met with Darren and spoken with Thomas over the phone. We all felt that it would be valuable to meet together and each emphasised the importance of engaging with both representatives in IJB work.

3.7 ***Enjoy Leisure Physical Activity Rehabilitation Presentation & East Volunteer Centre State of the Voluntary Sector report***

“If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.” Professor Sir Gregor Smith, Chief Medical Officer for Scotland.

I attended a presentation organised by the Enjoy Leisure Health & Well-Being Team at Meadowmill. Their presentation focused on their work to support people with long-term conditions through physical rehabilitation. They provided a number of very powerful case studies of people who started with very little mobility after a stroke to being able to engage in exercise. This is a partnership between NHS Lothian and Enjoy Leisure and would be useful for a future development session.

The Enjoy Leisure presentation and Volunteer Centre East Lothian State of the Voluntary Sector report will be circulated to IJB members.

4 **ENGAGEMENT**

- 4.1 Engagement has taken place with a wide range of stakeholders in producing this report.

5 **POLICY IMPLICATIONS**

- 5.1 The updates provide an insight of the IJB's policy direction and the impact that it's having on a number of areas such as Carers Strategy and Dementia Strategy.

6 **INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 **DIRECTIONS**

- 7.1 The report reflects the priorities of the IJB Strategic plan in the following areas:

- Deliver new models of Community Provision, working collaboratively with communities.
- Focus on prevention and early intervention.
- Enable people to have more choice and control and provide care closed to home.
- Keep people safe from harm.
- Address health inequalities.

8 **RESOURCE IMPLICATIONS**

- 8.1 Financial – There is no financial implications from this report, but the activities do highlight some of the impacts of the budget decisions made by the IJB.

- 8.2 Personnel – None

- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 Scottish Parliament National Care Service Bill Stage 1 report.
<https://digitalpublications.parliament.scot/Committees/Report/HSCS/2024/2/22/a8006131-8b6c-4a0b-8450-9e02ff419bac-1>
- 9.2 Audit Scotland Report – Reform urgently required to tackle precarious health & social care finances.
<https://audit.scot/news/reform-urgently-needed-to-tackle-precarious-health-and-social-care-finances>

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DATE	20 March 2025



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 20 March 2025
BY: Chief Officer
SUBJECT: IJB Membership and Chair/Vice Chair Roles

4

1 PURPOSE

- 1.1 To advise the Integration Joint Board (IJB) of the reappointment of three voting members; and to seek agreement for the appointment of a new Chair and Vice Chair for a period of two years from 1 April 2025.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- (i) note the reappointment of Councillors Shamin Akhtar, Lyn Jardine and Carol McFarlane, East Lothian Council voting members, for a further term of office
 - (ii) agree the appointment of Andrew Cogan as Chair of the IJB from 1 April 2025
 - (iii) agree the appointment of Councillor Shamin Akhtar as the Vice Chair of the IJB from 1 April 2025.

3 BACKGROUND

- 3.1 At its meeting on 25 February 2025, East Lothian Council agreed to renew the terms of office for Councillors Akhtar, Jardine and McFarlane. Their current term of office ends on 22 June 2025 and their reappointment will take effect from 23 June. Councillor Findlay's term of office does not require renewal at this time.
- 3.2 The Scheme of Integration for the IJB states that the Chair will alternate between an East Lothian Council voting member and an NHS Lothian voting member every two years. The Chair is due to be held by an NHS Lothian voting member for two years from 1 April 2025 to 31 March 2027.
- 3.3 Andrew Cogan, as NHS Lothian's Lead Voting Member, is nominated to take over the role of Chair of the IJB. East Lothian Council have

nominated Councillor Akhtar to the role of Vice Chair. Both appointments will take effect from 1 April 2025.

- 3.4 The meetings of the IJB are governed by its Standing Orders (copy attached at Appendix 1.) Members may find it helpful to review the sections which relate to the management of meetings.

4 ENGAGEMENT

- 4.1 The appointments in this report have been discussed with the appropriate nominating body. The arrangements for rotation of the Chair and Vice Chair roles are set out in the Scheme of Integration.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

- 7.1 The subject of this report does not affect the IJB's current Directions or require an additional Direction to be put in place.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – None.
8.2 Personnel – None.
8.3 Other – None.

9 BACKGROUND PAPERS

- 9.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 2014 No.285).
9.2 The Scheme of Integration of the IJB.

Appendix 1: East Lothian Integration Joint Board Standing Orders (Mar 2020)

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STANDING ORDERS EAST LoTHIAN INTEGRATION JOINT BOARD

1 General

- 1.1 These Standing Orders regulate the conduct and proceedings of the East Lothian Integration Joint Board. The Integration Joint Board is the governing body for what is commonly referred to as the East Lothian Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) (“the Order”). The Integration Joint Board approved these Standing Orders on 1 July 2015.

Membership of the Integration Joint Board

- 1.2 The Integration Joint Board shall have two categories of members:
- (i) Voting Members; and
 - (ii) Non-Voting Members
- 1.3 East Lothian Council and Lothian NHS Board have elected to nominate 4 members each to the Integration Joint Board, who shall be the voting members.
- 1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.
- 1.5 East Lothian Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board. Any cessation referred to above shall be immediate and automatic even if no formal removal has been affected and in addition that the IJB (and any committees relating thereto) will not recognise any individual who ceases to be a voting member by virtue of ceasing to be a member of the NHS Board or a councillor.
- 1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that

member may arrange for a suitably experienced substitute to attend the meeting subject to prior agreement with the Chair.

2 Varying, Revoking or Suspending Standing Orders

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

3 Chair

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

4 Vice-Chair

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

5 Calling and Notice of Integration Joint Board Meetings

- 5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.
- 5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the Chair refuses to call a meeting, or does not do so within 7 days of receiving

the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

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

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

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

5.7 Integration Joint Board meetings shall be held in public. The Chief Officer shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held. The designated office of the East Lothian Integration Joint Board is John Muir House, Haddington.

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

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

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

6 Quorum

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

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

- 7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the

meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

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

8 Adjournment

- 8.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

9 Voting and Debate

- 9.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 9.2-9.10 would not need to be used.
- 9.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.
- 9.3 Any voting member may move a motion or an amendment to a motion and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be in writing and that the mover states the terms of the motion. Every motion or amendment is required to be moved and seconded.
- 9.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.
- 9.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.

- 9.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.
- 9.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.
- 9.8 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.
- 9.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 9.
- 9.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

10 Changing a Decision

- 10.1 A decision of the Integration Joint Board cannot be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:
- 10.1.1 The Chair rules there has been a material change of circumstance: or
- 10.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

11 Minutes

- 11.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.

- 11.2 The Chief Officer (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following meeting.

12 Matters Reserved for the Integration Joint Board

Standing Orders

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

Committees

- 12.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.
- 12.3 The Integration Joint Board shall appoint the chairs of its committees and the membership (except for the members nominated by each constituent party).

Values

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

Strategic Planning

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

Risk Management

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

Health & Safety

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

Finance

12.11 The Integration Joint Board shall approve its annual financial statement ([Section 39](#)).

12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

12.13 The Integration Joint Board shall approve its annual accounts.

12.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

Performance Management

12.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

12.16 The Integration Joint Board shall approve its performance report ([Section 43](#)) for the reporting year.

13 Integration Joint Board Members – Ethical Conduct

13.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the [Ethical Standards in Public Life etc \(Scotland\) Act 2000](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Chief Officer (or his/her authorised nominee) shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Chief Officer (or his/her authorised nominee) of the need to change the entry within one month after the date the matter required to be registered.

13.2 The Chief Officer (or his/her authorised nominee) shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

13.3 Members must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees

and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, before taking part in any discussion on the matter.

- 13.4 The Integration Joint Board or committee must determine whether the interest declared prohibits the member from taking part in the discussion and vote on the relevant item of business.
- 13.5 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Chief Officer (or his/her authorised nominee) who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

14 Committees and Working Groups

- 14.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required. The terms of reference of these committees will be incorporated into a Scheme of Administration (Appendix 1 to these Standing Orders). This Standing Order should be read in conjunction with the Scheme of Administration.
- 14.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.
- 14.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required (except for the members nominated by each constituent party).
- 14.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.
- 14.5 The Standing Orders relating to the calling and notice of Integration Joint Board meetings, conduct of meetings, and conduct of Integration Joint Board members shall also be applied to committee meetings, unless otherwise stated. The same Standing Orders will not apply to working groups.
- 14.6 The Integration Joint Board shall be notified of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.
- 14.7 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a

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

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

15 Emergency Recess Arrangements

- 15.1 During any Emergency Recess, the Chief Officer (or officers authorised by them to act on their behalf) will produce reports relating to any necessary business and these will be circulated electronically to Voting Members of the IJB. Where a decision is needed, approval will be required from a minimum of three of the Voting Members, including either the Chair or Vice Chair (or another Voting Member authorised by either of them to act on their behalf).
- 15.2 This Standing Order will also apply to the IJB's committees.

EAST LOTHIAN INTEGRATION JOINT BOARD
SCHEME OF ADMINISTRATION

Committees	Pages
Audit and Risk Committee	1 – 5
Clinical and Care Governance Committee	6 - 8

AUDIT AND RISK COMMITTEE

TERMS OF REFERENCE

INTRODUCTION

1. The Audit and Performance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders. The Committee will be a Standing Committee of the IJB.

2. The Financial Regulations for the IJB were approved Integration Board on 29th October 2015. Section 3.10 of the Financial Regulations state that the IJB will have an Audit and Risk Committee

CONSTITUTION

3. The IJB shall appoint the Committee. The Committee will consist of (at least) five members of the IJB, excluding professional advisors. At least four Committee members must be IJB voting members, 2 from the Health Board and 2 from the Council. Membership of the Committee will be for three years and may be extended by the IJB.

4. The Committee may at its discretion set up working groups for review work. Membership of working groups will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Risk Committee.

CHAIR

5. The Chair of the Committee is at the discretion of the IJB and may be any member of the Audit and Risk Committee, noting that the Chair or Vice Chair of the IJB cannot also chair the Audit and Risk Committee.

QUORUM

6. Three members of the Committee will constitute a quorum.

ATTENDANCE AT MEETINGS

7. The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other professional advisors or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.

8. The external auditor will be invited to all meetings.

MEETING FREQUENCY

9. The Committee will meet at least three times each financial year.

AUTHORITY

10. The Committee is authorised to request reports and make recommendations to the IJB for further investigation on any matters which fall within its Terms of Reference.

DUTIES

11. The Committee will review the overall internal control arrangements of the IJB and make recommendations to the Board regarding signing of the Governance Statement.

12. Specifically it will be responsible for the following duties:

GOVERNANCE, RISK AND CONTROL

1. To review the IJB's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.

2. To review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the IJB framework of governance, risk management and control.

3. To consider the IJB arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.

4. To consider the IJB framework of assurance and ensure that it adequately addresses the risk and priorities of the IJB.

5. To monitor the effective development and operation of risk management in the IJB.

6. To monitor progress in addressing risk-related issues reported to the committee.

7. To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.

INTERNAL AUDIT

8. To approve the internal audit charter.

9. To review proposals made in relation to the appointment of external providers of internal audit services and to make recommendations.

10. To approve the risk-based internal audit plan, including internal audit's resources requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.

11. To approve significant interim changes to the risk-based internal audit plan and resource requirements.
12. To make appropriate enquiries of both management and the head of internal audit to determine if there are any inappropriate scope or resource limitation.
13. To consider reports from the head of internal audit on internal audit's performance during the year, including the performance of external providers of internal audit services. These will include:
 - a) Updates on the work of internal audit including key findings, issues of concern and action in hand as a result of internal audit work.
 - b) Regular reports on the results of the Quality Assurance and Improvement Programme.
 - c) Reports on instances where the internal audit function does not conform to the Public Sector Internal Audit Standards and Local Government Application Note, considering whether the non-conformance is significant enough that it must be included in the Annual Governance Statement.
14. To consider the head of internal audit's annual report:
 - a) The statement of the level of conformance with the Public Sector Internal Audit Standards and Local Government Application Note and the results of Assurance and Improvement Programme that supports the statement – these will indicate the reliability of the conclusions of internal audit.
 - b) The opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control together with the summary of the work supporting the opinion - these will assist the committee in reviewing the Annual Governance Statement.
15. To consider summaries of specific internal audit reports as requested.
16. To receive reports outlining the action taken where the head of internal audit has concluded that management has accepted a level of risk that may be unacceptable to the authority or there are concerns about progress with the implementation of agreed actions.
17. To contribute to the Quality Assurance and Improvement Programme and in particular, to the external quality assessment of internal audit that takes place at least once every five years.
18. To consider a report on the effectiveness of internal audit to support the Annual Governance Statement.
19. To support the development of effective communication with the head of internal audit.

EXTERNAL AUDIT

20. To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.
21. To consider specific reports as agreed with the external auditor.

22. To comment on the scope and depth of external audit work and to ensure it gives value for money.

23. To commission work from internal and external audit.

24. To advise and recommend on the effectiveness of relationships between external and internal audit and other inspection agencies or relevant bodies.

FINANCIAL REPORTING

25. To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJB.

26. To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.

ACCOUNTABILITY ARRANGEMENTS

27. To report to those charged with governance on the Committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks; financial reporting arrangements, and internal and external audit functions.

28. To report to the IJB on a regular basis on the Committee's performance in relation to the Terms of Reference and the effectiveness of the Committee in meeting its purpose.

CLINICAL AND CARE GOVERNANCE COMMITTEE

TERMS OF REFERENCE

PURPOSE / ROLE OF COMMITTEE

The following terms of reference sets out the membership, remit, responsibilities and reporting arrangements for this committee of the Integration Joint Board (IJB). The Committee will act to review and assure the East Lothian IJB, NHS Lothian and the East Lothian Council in relation to the quality of care service delivery and user experience, demonstrating that those systems in place provide early recognition of issues which ensures that appropriate action is taken.

1. MEMBERSHIP

- IJB representative x 2 (Co-Chairs)
- IJB representation x 2 to include Public / Carer
- Chief Nurse (depute chair)
- Clinical Director
- Chief Social Work Officer
- Lead AHP
- Manager East and Midlothian Public Protection Team
- Deputy Chief Nurse
- Heads of Service
- Strategic Group Manager

In attendance as required

- Administrative support
- Service group representatives
- GP quality cluster representation
- Quality & Scrutiny Groups (Chair) e.g. Health and Safety
- Partnership
- Others as determined by agenda

Quorum

The Committee will be considered quorate if both Co-Chairs and / or deputies plus 4 members are in attendance.

2. REMIT AND RESPONSIBILITIES

Clinical Effectiveness

The Committee is responsible for overseeing clinical & care governance and quality assurance processes across the Partnership including Professional regulation. The committee will assure the IJB, NHS Lothian and East Lothian Council that all activity relating to health and social care provision meets requirements, inclusive of pre-

determined standards and legislation. The Committee will develop, implement and maintain an organisation-wide process for clinical and care governance.

The Committee will receive and review data / information relating to:

- Significant Adverse events (SAE)
- Complaints and concerns
- Public protection
- Medication and other care / service related incidents
- Whistle-blowing as it relates to clinical and care issues

Inclusive of trends themes and outcomes from:

- Investigations of Unexpected deaths (adult and children)
- Independent and local audit and Inspection e.g. Quality of Care
- Other clinical and care governance issues

In addition the Committee members will:

- Review the impact and lessons learned from adverse events and implement improvement across the organisation and follow up on outstanding action plans.
- Ensure that robust public protection / safe guarding arrangements are in place and in use.
- Ensure that robust systems are in place for the implementation of all aspects of 'Duty of Candour' and any reporting requirements.
- Review any circumstance / situation that place the integrity of the Partnership / IJB / service users at risk.
- Ensure that governance systems are robust and that policies and procedures applied to service activities are regularly reviewed and updated as required and in response to concerns and or new legislation.
- Consider issues of concern raised by staff where they believe that patients/ service users care or staff wellbeing is compromised.

Patient / Service User Safety

- Receive and review regular reports from all related governance groups confirming that actions have been taken and lessons have been learned.
- Consider the impact of strategic plans on patient / service user safety and care delivery ensuring concerns are addressed
- Consider the risk / implications of proposed new innovations and ensure any concerns are addressed

Service User Experience and Engagement

The Committee will seek to ensure that wherever possible the views of the public are taken in to account in the planning and delivery of service. This will include the perspective of patients, carers, relatives and wider service users and will include:

- Review and approval of planned public / stakeholder related events
- Receiving and reviewing outcome feedback from engagement / stakeholder events

- Ensuring that lessons are being learned from service user feedback / intelligence

3. RESPONSIBILITIES OF COMMITTEE MEMBERS

Members of the Committee have a responsibility to:

- Attend meetings having read all circulated papers in advance
- Identify additional agenda items at least 15 days in advance of meeting
- Submit papers for circulation at least 10 days in advance of meeting
- Act as champions and disseminate information and good practice as appropriate
- Uphold the principles of the NHS & Social Service codes and other Professional Bodies.
- Identify a named representative to attend during any absence in attendance

4. FREQUENCY OF MEETINGS

Monthly

5. REPORTING

The Committee will provide regular reports (quarterly) to the IJB and as required to NHS Lothian and East Lothian Council and in addition will provide an Annual Report to all parties.

6. ADMINISTRATIVE ARRANGEMENTS

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chairs and Deputies in the management of the Committee business. Responsibilities will include:

- Ensuring an accurate note of the meeting is recorded and disseminated
- Keeping an action log of required outcomes, sharing and monitoring as required
- Circulating agenda and accompanying papers at least 5 working days in advance of the meeting
- Publication and filing of all related papers in accordance with agreed policy and procedure

In addition, there may be occasion where information requires to be discussed in a private session due to its sensitive nature. Where this is a requirement, the agenda will reflect the Committee's intention to consider any item in private session and will state the reasons for this (see Standing Order 5.9). The reasons will also be recorded in the note of the meeting and any additional recorded detail may be subject to redaction.

7. DATE AND REVIEW

These terms of reference have been approved by the East Lothian IJB and will be reviewed 6 months after the first full meeting of the Clinical and Care Governance Committee and annually thereafter.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 March 2025

BY: Chief Finance Officer

SUBJECT: 2025/26 Budget Offers to the IJB

5

1 PURPOSE

- 1.1 This report sets out the budget offers from East Lothian Council and NHS Lothian to East Lothian IJB for 2025/26.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Accept the 2025/26 Budget Offer from East Lothian Council.
 - ii. Note the NHS Lothian indicative budget offer and its principles, with a formal offer to follow in due course.

3 BACKGROUND

- 3.1 Each year, under the Joint Integration Scheme, East Lothian Council and NHS Lothian contribute to the establishment of an IJB Budget through their Budget Offers. This enables the IJB to plan for the delivery of the health and social care services delegated to it and support the delivery of the IJB Strategic Plan.
- 3.2 There is a requirement to assess these funding offers and the assumptions and risks relating to them to provide the IJB with financial assurance that they reflect Scottish Government guidance and are fair.

East Lothian Council Offer 2025/26

- 3.3 East Lothian Council agreed their budget on 18 February. The Budget paper included a formal budget offer to the IJB. A copy of the offer letter is included as Appendix 1 and the details are set out below.

East Lothian Council - 2025/26 Budget Offer		
	Notes	£m
2024-25 Adult Wellbeing Budget		73.768
Employers' National Insurance – Anticipated share of SG Funding	1	0.349
Employers' National Insurance – Additional ELC investment	1	0.232
East Lothian Council - Additional Investment	2	3.665
TOTAL - Opening Baseline		78.014
<u>New National Investment</u>		
£12.60 per hour Real Living Wage National Uplift	3	2.742
Free Personal and Nursing Care Uprating	3	0.208
Mental Health Recovery & Renewal	3	0.221
Scottish Disability Assistance	3	0.036
TOTAL - New National Investment		3.207
<u>Other Delegated Budgets</u>		
Non-HRA Private Sector Housing Grant	4	0.256
HRA - Disabled Adaptations (Capital)	4	1.000
HRA - Garden Aid	4	0.238
TOTAL - Other Delegated Budgets		1.494
2025-26 Total IJB Financial Resource		82.715

3.4 The following Notes provide further explanation of the key elements of funding:

Note 1: The Scottish Government have indicated they have provided 60% of the overall funding required to meet the direct costs of the increase in the employer's national insurance rate for 2025/26. East Lothian Council have provided the remaining 40% funding to ensure no budgetary shortfall.

Note 2: East Lothian Council have identified additional funding of £3.665m to meet existing baseline pressures and anticipated 2025/26 inflationary and demographic growth. Included in this balance is full funding for expected 2025/26 pay awards totalling £0.757m.

Note 3: These balances represent the funding provided by Scottish Government for the impact of policy decisions (e.g. Real Living Wage). The Council has followed Scottish Government guidance and passed these balances through to the IJB in full.

Note 4: These balances cover the Housing Revenue Budgets which, under the Scheme of Integration, are delegated to the IJB.

3.5 Overall the budget offer from East Lothian Council provides a good level of financial assurance to the IJB as it provides all funding streams due to the IJB and additional funding for pressures and growth.

NHS Lothian Budget Offer 2025/26

- 3.6 NHS Lothian's Board does not meet to discuss its budget for 2025/26 until 23 April, after which a formal offer will be made to the IJB. Until then they have provided the IJB with an indicative offer which is set out below.

NHS Lothian - 2025/26 Indicative Budget Offer		
	Notes	£m
Core	1	88.12
Hosted		16.88
Set Aside		20.94
Total Indicative Opening Budget		125.94

- 3.7 Note 1: highlights that the Core offer includes £14.47m of GMS services funding which, whilst non-recurring in nature, is assumed to be a recurring allocation each year.
- 3.8 The indicative funding offer does not include the 3% uplift announced as part of the Scottish Government budget setting process on 4 December 2024. However, the letter confirms that the baseline uplift received will be passed through to the IJB in full.
- 3.9 The final budget offer from NHS Lothian will be presented to the IJB following receipt.

ENGAGEMENT

- 4.1 The IJB makes its papers and reports available publicly.
- 4.2 The issues in this report have been discussed with the IJB's partners and will require wider engagement.

4 POLICY IMPLICATIONS

- 5.1 There are no new policies arising from this paper.
- 5.2 The recommendations in this report implement national legislation and regulations on the establishment of IJB.

5 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.
- 6.2 The issues in this report do not require an integrated impact assessment.

6 DIRECTIONS

7.1 There is no implications for Directions at this stage.

7 RESOURCE IMPLICATIONS

8.1 Financial – There are no immediate resource implications from this report. Any resource implications from then outcome of the process will be highlighted in a future report if required.

8.2 Personnel – None

8.3 Other – None

8 BACKGROUND PAPERS

9.1 None

Appendices:

Appendix 1 – IJB Offer Letter from East Lothian Council

Appendix 2 – Indicative IJB Offer Letter from NHS Lothian

AUTHOR'S NAME	Mike Porteous
DESIGNATION	Chief Finance Officer
CONTACT INFO	Mike.porteous@nhslothian.scot.nhs.uk
DATE	13 March 2025

Appendix 1

18 February 2025

Mike Porteous
Chief Finance Officer
East Lothian Integration Joint Board

Dear Mike,

Revised Financial resource proposal from East Lothian Council to East Lothian Integration Joint Board – 2024-25 and 2025-26

This letter sets out the level of financial resources that will be delegated by the Council to the IJB in 2025-26 and is aligned to the Council budget approved on 18 February 2025.

2024-25 Revised Financial Resource Proposal

Firstly, I want to confirm that the final IJB funding for 2024-25 has increased from £74.977 million to £75.262 million reflecting the transfer of the Community Justice Officer post to the IJB (£59,000), and additional £226,000 of pay funding which the council has agreed to pass over to the IJB. The revised baseline funding is set out below:

2023-24 Adult Wellbeing Budget	£68.493m
Excluding Non-Delegated services	(£0.540m)
Baseline Pay Award and Staffing	£0.522m
2024-25 Council Funding for Pay Award	£0.226m
Community Justice Officer Budget Transfer	£0.059m
TOTAL - Opening Baseline	£68.760m
New National Investment (Adult Services)	
£12 per hour Real Living Wage National Uplift	£4.637m
Free Personal and Nursing Care Uprating	£0.366m
Self-Directed Support	£0.005m
TOTAL - New National Investment	£5.008m
Other Delegated Budgets	
Non-HRA Private Sector Housing Grant	£0.256m
HRA - Disabled Adaptations (Capital)	£1.000m
HRA - Garden Aid	£0.238m
TOTAL - Other Delegated Budgets	£1.494m
2024-25 Total IJB Financial Resource	£75.262m

2025-26 Financial Resource Proposal

The budget proposal to the IJB has been set in the context of the total resources available to the Council during 2025-26. The financial environment remains challenging and the Council continues to balance a growing range of cumulative risks and financial pressures, including managing increased demand arising from a growing population. I am also aware that many of these cost pressures are equally being faced by the IJB. The resource proposal agreed by the Council for 2025-26 has been set in the context of managing these collective challenges faced by both organisations.

The specific details setting out the resource proposal remains aligned to the delegated functions set out within the approved Integration Scheme. As previously highlighted those areas set out within 'Other Delegated Budget lines' remain subject to on-going review and aligned to the Integration Scheme. The Council and IJB will be kept fully updated as to the outcome of this review and the potential impact.

The 2025-26 resource proposal includes:

- Total additional funding of £7.453 million (9%) which is in addition to the 2024-25 baseline budget. This funding offer includes:
 - o £3.207 million provided within the national funding settlement to support a range of national policy commitments;
 - o £349,000 anticipated share of national funding to support the estimated employers' National Insurance increase. This is estimated to cover approximately 60% of the direct costs;
 - o £3.897 million additional funding provided by the Council including:
 - £3.665 million to support a range of pressures including pay uplift, inflationary and demographic pressures as well as funding to support the 2024-25 recurring baseline pressure;
 - £232,000 additional contribution to meet the full estimated direct cost of employers national insurance increase to the IJB.
- Taking these factors into consideration the total financial resource to be made available to the IJB for 2025-26 is £82.715 million. The breakdown of this funding is set out in more detail within the table below.

2025-26 Financial Resource offer to IJB

2024-25 Adult Wellbeing Budget	£73.768m
Employers' National Insurance – Anticipated share of SG Funding	£0.349m
Employers' National Insurance – Additional ELC investment	£0.232m
ELC Additional Investment	£3.665m
TOTAL - Opening Baseline	£78.014m
New National Investment	
£12.60 per hour Real Living Wage National Uplift	£2.742m
Free Personal and Nursing Care Uprating	£0.208m
Mental Health Recovery & Renewal	£0.221m
Scottish Disability Assistance	£0.036m
TOTAL - New National Investment	£3.207m
Other Delegated Budgets	
Non-HRA Private Sector Housing Grant	£0.256m
HRA - Disabled Adaptations (Capital)	£1.000m
HRA - Garden Aid	£0.238m
TOTAL - Other Delegated Budgets	£1.494m
2025-26 Total IJB Financial Resource	£82.715m

As you know, the national Scottish Government budget is not expected to be formally approved until end of February, and as such the figures will remain in draft until this is finalised. In addition, there remain a number of ongoing national discussions to take place during the year including the outcome of national pay negotiations. As such I will keep you updated should any changes materialise.

The budget offer to the IJB sits alongside capital investment provided by the Council. This includes ongoing investment to support the community based alarms transition to Digital, as well as £1.7 million new additional investment to secure a sustainable future for the Haddington Day Centre by enabling its relocation of Tynebank Resource Centre. Collectively this represents a significant uplift in funding to support adult social care services.

In return, there remains a very clear expectation that this additional funding will be used first and foremost to offset social care budget pressures and reduce the risk of overspends being transferred back to the Council. Furthermore, given the capital investment provided, it is expected that the IJB will continue to support ongoing and sustained investment in community-based services including day centres.

It is the responsibility for the IJB to develop sustainable and deliverable financial plans for 2025-26, and it is expected that the Council delegated functions will operate within the total available resources made available. Aligned to the Scheme of Integration,

should any financial pressures arise during 2025-26, it is expected that appropriate recovery action is taken by the IJB to bring financial plans back into financial balance, and details of emerging financial risks should be reported to be as early as possible.

Following the IJB 2025-26 budget considerations, it is requested that the Director of Health and Social Care Partnership bring back a full and detailed report to the next appropriate Council meeting setting out the outcome of the IJB budget and implications for Council delegated services. This will also include details as to how the planned additional investment will be used.

I remain acutely aware that there remain significant and ongoing financial and demand pressures facing East Lothian IJB to support the delivery of its delegated functions, and much of these pressures are also being experienced nationally. I can assure you that the Council will continue to actively promote and support these national discussions as to how these collective challenges can be addressed. This will also include continuing discussions around the cumulative financial impact arising from a growing population.

Going forward, the Council has a significant budget gap to address in 2026-27 and beyond. It remains essential that the IJB continues to develop robust and deliverable medium term financial plans, that can meet the full extent of the projected budget gap including that arising from Council delegated functions. This I appreciate will not be easy, and it is vital that we continue to work in partnership through the IJB and funding partners to meet these shared challenges. Discussions around the development of further savings options for Council will continue to be explored and as always, the holistic impact of these decisions and shared outcomes will be an important consideration for all partners.

I look forward to continuing with these discussions during 2025-26 and beyond.

Yours sincerely



Sarah Fortune
Executive Director for Council Resources (Chief Financial Officer)
East Lothian Council

Cc: Lesley Brown – Interim Chief Executive, ELC
Caroline Hiscox – NHS Lothian Chief Executive
Fiona Wilson – Chief Officer East Lothian
David Hood – Head of Operations East Lothian
Shamin Akhtar – Chair East Lothian IJB
Andrew Cogan – Vice Chair East Lothian IJB
Ellie Dunnet – Head of Finance, ELC
Craig Marriott – NHS Lothian Director of Finance
David Henderson – Service Manager, Service Accounting, ELC
Matthew Conlon – Principal Accountant, ELC

Finance Director's Office
 NHS Lothian
 Mainpoint
 102 West Port
 Edinburgh
 EH3 9DN



Date 11 March 2025

Enquiries to Craig Marriott
 Email craig.marriott@nhs.scot

Dear Mike,

EAST LOTHIAN IJB – INDICATIVE BUDGET FOR 2025/26

Further to NHS Lothian's Finance and Resources (F&R) Committee on February 12th, I write to update you on the position relating to East Lothian IJB budget position for 2025/26.

We continue to update our financial plan, and will look to take a final iteration of the Plan through our F&R Committee on the 26th of March, with final sign off at our Board meeting on the 23rd April. The figures shared with you at this stage are therefore indicative until the final plan has been agreed.

Further to the Scottish Government Budget announcement on 4th December 2023, 3% uplift for Health Boards in 2025/26 was set out. We will look to pass through to each IJB, based on budget shares, the baseline uplift settlement we receive.

Currently the recurring budget resource for East Lothian IJB is **£126m** before the 3% 2025/26 uplift is applied. This budget figure does include GMS budgets which although are non recurring in nature are assumed at this stage as part of the budget offer to be consistent with previous years. This figure does not include GMS uplift or Vaccination Allocations, nor does it include other allocations received non-recurrently from the Scottish Government. Table 1 shows the breakdown.

Table 1 - East Lothian IJB Delegated Budget

Status	Allocation	East Lothian IJB
		£'000
Delegated	Core	73,645
	Hosted	16,881
Set Aside		20,940
Recurring Budget		111,466
	GMS	14,471
Total		125,937

(based on recurrent budgets as at Feb'25, with budgets subject to change as SG Allocations are received)



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 102 West Port
 Edinburgh EH3 9DN

Chair Professor John Connaghan CBE
 Chief Executive Professor Caroline Hiscox
 Lothian NHS Board is the common name of Lothian Health Board

The final review of the NHS Lothian Financial Plan will conclude shortly, and a further update on 2025/26 delegated budgets will be provided to you at this time.

As previously highlighted, I am keen to understand from East Lothian IJB how its Directions will shape the delivery of financial recovery savings in 2025/26 and the application of resources in support of financial balance.

I would be happy to have further discussion with your IJB in advance of the final confirmation on the application of health resources in 2025/26, and we are keen to work together to ensure ongoing support to achieve an overall balanced health position.

Yours sincerely



CRAIG MARRIOTT
Director of Finance

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 March 2025

BY: Chief Finance Officer

SUBJECT: Budget Setting 2025/26

6

1 PURPOSE

1.1 This report sets out:

- i. The work undertaken to date on the budget setting process.
- ii. The proposal that the IJB sets a balanced budget for 2025/26 based on the delivery of identified savings plans.
- iii. An updated 5 Year Financial Plan for the IJB.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

- i. Agree a balanced budget on the basis of the approach highlighted in paragraph 3.10.
- ii. Agree the Efficiency plans highlighted in Table 2 and detailed in Appendix 1.
- iii. Note the scale of the projected financial challenges set out in the updated IJB 5 Year Financial Plan.

3 BACKGROUND

3.1 The IJB is forecasting an overspend of £3.56m for the year to 31 March 2025. This position reflects the challenges in managing existing pressures and delivering a significant savings programme.

3.2 A number of development sessions have been held with IJB members and the wider H&SCP management to ensure a full understanding of the actions required to deliver a break-even position in the coming years. These sessions have emphasised the importance of continuing to deliver

in year efficiencies and to identify and plan for the delivery of transformational change programmes as early as possible.

- 3.3 The IJB has continued to work with its partners to update their respective financial plans and identify the impact of existing and projected pressures and funding proposals on the IJB's budgets in 2025/26 and beyond.

2025/26 Budget Setting

- 3.4 Table 1 below summarises the partner's financial plan outputs.

2025/26 Budgets			
	Health	Council	Total IJB
	£m	£m	£m
<u>Recurring Pressures</u>			
Baseline Pressures	(2.853)	(2.740)	(5.593)
Growth and Other Commitments	(1.528)	(4.176)	(5.704)
Pay and Price Projected Increases	(2.142)	(1.338)	(3.480)
Total Pressures and Commitments	(6.523)	(8.254)	(14.777)
<u>Recurring Uplifts</u>			
Pay	1.900	1.338	3.238
Policy		3.207	3.207
Growth and Pressures	1.254	2.908	4.162
Total Recurring Resources	3.154	7.453	10.607
Projected Gap	(3.369)	(0.801)	(4.170)

- 3.5 The figures in the above table reflect the most recent information provided by Partner organisations. The figures include full funding for pay awards for both partners and the Council have also fully funded the impact of the eNIC rate rise for directly employed staff. Health have assumed the impact of the eNIC increase will be fully funding for directly employed staff.
- 3.6 The main financial pressures within Health relate to demand within Set Aside services and Prescribing within Core services. The Prescribing estimate has been amended since the last version of the NHS Lothian Financial Plan to reflect the improvement in the 2024/25 forecast.
- 3.7 The demand for Social Care services, particularly for older people and people with Learning Disabilities, are the main drivers of pressure within Council budgets.
- 3.8 The above table highlights the initial total gap in funding of £4.170m for the IJB in 2025/26. A number of efficiency schemes have been identified to mitigate the gaps in both budgets. These have been categorised as:
Grip & Control – schemes resulting from financial and operational management reviews of the way funds are utilised.

Service Redesign – a wider review of how services are delivered.

- 3.9 Table 2 below summarises the schemes identified to date. A number of these schemes have been identified in relation to Hosted and Set Aside services. A more detailed presentation of all the schemes identified is provided in **Appendix 1**.

2025/26 Efficiencies	Health £m	Council £m	Total IJB £m
Projected Gap	(3.369)	(0.801)	(4.170)
<u>Efficiencies Identified</u>			
Grip & Control	1.872	0.074	1.946
Service Redesign	1.157	0.727	1.884
Total Efficiencies	3.029	0.801	3.830
Additional Efficiencies	0.340		0.340
Projected Position	0.000	0.000	0.000

- 3.10 It can be seen for the above that a small gap remains within the Health service budgets. This gap falls entirely within the Set Aside services. It is recognised that addressing the Set Aside pressures requires collaborative working across all 4 Lothian IJBs and Acute services within NHS Lothian. In addition, there is a shared ambition between NHS Lothian Director of Finance and East Lothian IJB CFO to work collaboratively to deliver a balanced outturn position for 2025/26. On that basis the working assumption within this budget setting process is that Set Aside services will break even.
- 3.11 After taking into account the efficiencies identified and on the basis of the shared ambition highlighted in 3.10 a balanced budget can be agreed for 2025/26.

Risks and Mitigation

- 3.12 There are a number of inherent risks in the budget setting process and we will work collaboratively with our partners to manage and mitigate these risks. The key risks are highlighted below:

There is a risk that the efficiency programme summarised in Table 2 above, is not approved. The majority of these schemes have been presented in recent workshops and development sessions. They are advanced in their delivery process and considered to be medium or low risk of under delivery. As are the schemes identified within Hosted and Set Aside services. The Chief Finance Officer has indicated that all future IJB Finance reports will include a section on the progress in delivering efficiencies and a forecast for the year to ensure we can identify the need for a recovery plan at the earliest possible time.

There are a number of further risks that arise from the budget setting process:

Financial Risks

- Pay awards – final pay awards for both partners have still to be agreed and there is a risk that they will be higher than the funding provided.
- Vacancies – the current and forecast position reflects significant vacancy levels. Should that position change then further efficiencies will be required. The established vacancy control process will be key in mitigating this risk.
- Prescribing – there remains some volatility in the Prescribing spend as changes in prices and supply can impact significantly on spend. And the time lag in receiving information limits colleagues' ability to take recovery actions. In addition there is work underway to mitigate the potential impact of prescribing and supporting the use of emerging weight management drugs through collective and consistent agreements on prescribing criteria.

Operational risks

- Demographics – the East Lothian population is expected to continue to increase, putting increased pressure on services. The work underway to grow our community services will seek to mitigate this risk.
- Resources – there is a risk that the demand for services exceeds supply. Partner organisations are working to balance the provision of commissioned and internally provided services to minimise this risk.

Strategic Risk

- Requirement to ensure current and future savings schemes, particularly within Hosted and Set Aside services, do not impact on the IJBs strategic plan and the work to review and update it.

3.13 These risks will be monitored closely as part of the in year reporting process to the IJB and the need for recovery actions identified at the earliest point.

Five Year Financial Plan

3.14 The IJB's Five Year Financial Plan was last presented to the IJB in April 2024. Updates have formed the content of recent development session financial information and messaging in relation to the projected financial challenges the IJB faces.

3.15 Table 3 below sets out the cumulative financial projections for the IJB for 2025/26 – 2029/30 based on the most recent iterations of partner Financial Plans.

Five Year Cumulative Financial Projections					
	2025/25	2026/27	2027/28	2028/29	2029/30
	£m	£m	£m	£m	£m
Health	0.000	(3.399)	(6.534)	(9.960)	(13.689)
Council	0.000	(4.131)	(8.482)	(12.511)	(16.594)
Total	0.000	(7.530)	(15.016)	(22.471)	(30.283)

3.16 The financial projections are based on the following assumptions:

Health – follows Scottish Government planning guidance for increased costs (e.g. 3% pay increases for AFC staff) and assumes that estimated pay awards are fully funded.

Council – follows national guidelines where applicable, and in line with East Lothian Council financial planning, no assumptions have been made for increased funding at this stage.

3.17 The scale of the financial challenges highlighted above are similar across all IJBs as evidenced by recent Audit Scotland and Accounts Commission reports which emphasise the importance of effective leadership and robust planning to meet the challenges ahead.

3.18 Recent IJB development sessions have focussed on the need for continued efficiency programmes delivering a combination of Grip and Control and Transformational change schemes which result in recurring savings.

4 ENGAGEMENT

4.1 The IJB makes its papers and reports available publicly.

4.2 The issues in this report have been discussed with the IJB's partners.

5 POLICY IMPLICATIONS

5.1 There are no new policies arising from this paper.

5.2 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

6 INTEGRATED IMPACT ASSESSMENT

6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

- 7.1 The IJB is unable to issue directions until the 2025/26 budget is agreed.
- 7.2 Agreement to these proposals may impact on the current directions and may require new directions to be issued.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – these are discussed above
- 8.2 Personnel – None
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 None

Appendix 1: IJB Efficiency Schemes 2025/26

AUTHOR'S NAME	Mike Porteous
DESIGNATION	Chief Finance Officer
CONTACT INFO	Mike.porteous@nhslothian.scot.nhs.uk
DATE	13 March 2025

APPENDIX 1 - IJB EFFICIENCY SCHEMES 2025/26

2025/26 Efficiencies			Grip & Control	Service Redesign
			£m	£m
Core	Health	ELCH Ward configuration		0.372
Core	Health	Belhaven Community Hub		0.785
Core	Health	Equipment Store Model	0.112	
Core	Health	Admin Review	0.100	
Core	Health	Primary Care Workforce	0.081	
Core	Health	Minor Surgery Review	0.057	
Core	Health	Prescribing	0.943	
Core	Council	Eskgreen	0.015	
Core	Council	The Abbey		0.727
Core	Council	Workforce Review	0.059	
Hosted	Health	OoA Repatriation	0.120	
Hosted	Health	Primary Care	0.085	
Set Aside	Health	Supplementary Staffing	0.240	
Set Aside	Health	Workforce Review	0.042	
Set Aside	Health	Drugs Savings	0.084	
Set Aside	Health	Discretionary Spend Review	0.008	
Total			1.946	1.884



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 March 2025

BY: Chief Officer – Fiona Wilson

SUBJECT: Health And Social Care Integration – Staff and Claims Protocols - East Lothian Council and NHS Lothian

7

1 PURPOSE

- 1.1 To formalise Staff and Claims Protocols for East Lothian Council and NHS Lothian which sets out HR and contractual matters for East Lothian Council and NHS Lothian employed staff of East Lothian Health and Social Care Partnership.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Agree the attached Staff and Claims Protocols for ratification.

3 BACKGROUND

- 3.1 A staff protocol was first drafted in 2015 but did not progress to approval.
- 3.2 In its operations, ELHSCP is required to observe procedural and statutory reporting, for Health and Safety, Operational Resilience, Business Continuity Planning as well as HR and other relevant operational policies and procedures. These ensure legal and statutory requirements are met for its parent organisations, East Lothian Council and NHS Lothian.
- 3.3 The attached Staff and Claims Protocols will assist in fulfilling the above requirements as well as progressing understanding of joint and separate East Lothian Council and NHS Lothian procedures and policies concerning staff.
- 3.4 Further work will be undertaken by ELHSCP to compliment this document on:

- Records management and data protection arrangements for the Partnership/IJB.
- Shared premises and equipment provision SLAs.

4 ENGAGEMENT

- 4.1 The Staff and Claims Protocols have been developed in consultation with ELHSCP Management, Insurance, Fleet Vehicle Service H&S and HR representatives of East Lothian Council and NHS Lothian.
- 4.2 Both documents have been approved at ELHSCP Joint Partnership Forum/JCG on 16th January 2025.

5 POLICY IMPLICATIONS

- 5.1 Staff and Claims Protocols are intended to be applied in conjunction with relevant East Lothian Council and NHS Lothian policy and procedures.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

- 7.1 The subject of this report relates to the Direction – East Lothian Workforce Plan 2022-2025 – REF D19a.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – None
- 8.2 Personnel – Application and further development of supplementary arrangements for ELIJB Records Management and Data Protection arrangements together with assessing development of shared premises and equipment SLA's within existing management team capacity.
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 None

Appendices:

Appendix 1 - ELHSCP Staff Protocol Final

Appendix 2 - ELHSCP Claims Protocol Final

AUTHOR'S NAME	Catriona Cockburn
DESIGNATION	Operational Business Manager
CONTACT INFO	catriona.cockburn@nhs.scot
DATE	18 February 2025



Health and Social Care Integration

Staff Protocol East Lothian Council
and NHS Lothian

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1. Introduction

This protocol is a means of securing proper management and support for employees of Integrated Health and Social Care Services in East Lothian. The Appropriate Managers (see definition below) shall be responsible for the proper application of this protocol. The partnership has agreed to implement the Body Corporate model to meet statutory requirements.

Terminology within this protocol

- **'NHSL'** – means NHS Lothian
- **'Council'** – means East Lothian Council.
- **'Parties'** means NHSL and the Council, individually and collectively.
- **'Parent Organisations'** means either NHSL or the Council as appropriate, as being the organisation that entered into a contract of employment with an employee.
- **'Host Organisation'** means either NHSL or the Council as appropriate, as being the organisation that provides lead support to the Integrated Service.
- **'East Lothian Health and Social Care Partnership'** – the service and functions delivered within a joint management and service provision arrangements in the East Lothian area by the Parties in terms of the Agreement.
- **'Chief Officer'** is the individual appointed to manage the Health and Social Care Integrated Service.
- **'Joint Management Team'** means the management team responsible for the range of health and social care services within the scope of the parties.
- **'Agreement'** means all and any agreement between the Parties for the joint delivery of services and functions within East Lothian.
- **'Body Corporate model'** means the Health Board and Local Authority will remain the responsible bodies for the delivery of health and social care services.

This protocol, once adopted, shall not be altered or otherwise amended without prior approval of the Parties which includes representatives from Joint Trade Unions following a recommendation by the Joint Management Team.

2. Scope

This protocol shall apply to all employees in the East Lothian Health and Social Care Partnership (ELHSCP) and those who apply for vacancies within the integrated service.

3. Principles

This protocol shall apply to all employees in the East Lothian Health and Social Care Partnership (ELHSCP) and those who apply for vacancies within the integrated service.

Equality of Opportunity

There is a commitment to equality of opportunity within the East Lothian Health and Social Care Partnership providing an environment where there is assured equality for all employees in recruitment, management, development and training in line with the principles adopted by each organisation. All employees will follow relevant Equality and Diversity Policy requirements and will ensure that services provide equity and fairness for all employees, services users, patients and public.

Fair and Effective Management of Employees

Members of the East Lothian Health and Social Care Partnership will continue to be bound and protected by their professional codes of conduct/practice as well as their individual employer's terms and conditions of employment.

Employee Relations matters will be managed under the relevant policies of the employing organisation. Managers will therefore have to be knowledgeable of both sets of policies and procedures. It is accepted that this may be challenging initially, and managers will be appropriately supported to develop this knowledge as required. Where employees from both parties are involved in a particular issue it will be necessary to involve managers and trade union representatives from both employers and maintain close liaison between both HR Sections.

The [Joint Appointments Guide 2014](#) details the shared values of all of Scotland's Health Service as captured by Everyone Matters: 2020 Workforce Vision (published 2013):

- Care and compassion;
- Dignity and respect;
- Openness, honesty and responsibility;
- Quality and teamwork.

These values reflect the views of NHS employees and it is likely that they would be recognised by all those working in health and social care. These align with the Practice Governance Framework for Social Work Practice, the Codes of Practice for social care workers and their employers developed by the Scottish Social Services Council on behalf of Scottish Ministers and the workforce policies developed by the range of organisations delivering social care in Scotland in the public, voluntary and independent sectors.

East Lothian Council employees are guided by the East Lothian Way (Work together; Be the best we can be; Initiate and embrace change; Make things happen; Customer focussed) and the ELC Code of Conduct both of which set out values, principles and behaviours for all staff.

Employee Development

Employees will be included in the Organisational, Learning and Development planning of Parent Organisations and this will be undertaken on a joint basis.

We will invest in our employees and give them the support, the skills and the knowledge to work in new ways. Good management, supportive and structured learning, regular performance reviews and development and opportunities for growth are all essential to creating a flexible, adaptable, well trained and motivated workforce who will deliver excellent services.

Health and Safety

The respective employers will retain their statutory responsibilities for health and safety (H&S) for their own employees. Where employees work in locations and premises not owned by their employer, the employee will adhere to the health and safety rules of the organisation responsible for that building/premises.

The responsibility for the safety of all premises and equipment will be with the owner of the buildings and equipment to ensure they are safe and fit for purpose. All property and equipment will be risk assessed by the owner. The Body Corporate has responsibility for staff health and safety when they are working in domestic and community settings and will respond to concerns raised by employees and their representatives. In addition, consideration should be given to ensure contracted suppliers meet their health and safety obligations in respect of their workers. These arrangements are in place within our existing contracts.

Health and Safety Assurance reporting will follow the NHSL Health and Safety Assurance Quarterly Reporting programme as set out in the NHSL Annual Plan. It is recognised that there may be Key Risk Topics that are not specific to all areas/services within ELHSCP. Returns will be made by each area General Manager/Service Manager/Team or Clinical Nurse Managers where relevant. The General Manager's reports will feed into NHSL quarterly H&S Committee, ELHSCP Quarterly H&S Committee and East Lothian Council H&S Committee.

Operational Resilience Reporting / Business Continuity Planning

East Lothian Health and Social Care Partnership is required to undertake annual Operational Resilience Reporting to NHSL and Business Continuity Planning with East Lothian Council. East Lothian Health and Social Care Partnership will adopt a reporting process and share the outcome with both NHSL and East Lothian Council.

Information Sharing

The Health and Social Care Partnership under the Body Corporate model is required to set up systems and agree how/what information is to be shared. The sharing of information is governed by the Data Protection Act 2018 / UK GDPR (together the 'Data Protection Legislation') and it is the responsibility of the Body Corporate to ensure that members of the East Lothian Health and Social Care Partnership share information in line with the requirements of the Data Protection Legislation and in a manner consistent with the Pan- Lothian Data Sharing Framework.

Employee Relations

The Health and Social Care Partnership is committed to working in partnership with trade unions and professional organisations through discussion, joint negotiations and consultation. It is recognised that co-operation and joint working between the parties and trade unions will help ensure successful service delivery.

The East Lothian Health and Social Care Partnership Forum was established to discuss East Lothian Health and Social Care Partnership issues in an open and constructive way through discussion with recognised trade unions and employee organisations. Matters relating to Terms and Conditions will remain for negotiation by individual employers.

4. Parties' Obligations

The parties undertake:

- To ensure that the East Lothian Health and Social Care Partnership has the appropriately qualified, skilled, trained and where required registered employees to undertake the designated duties of the service.
- To ensure that managers have the necessary systems and working arrangements in place to efficiently deliver all services, taking account of statutory and legislative requirements.
- To design and implement in partnership with both organisations and with employee representatives, organisational arrangements including locality planning structures which are fit for purpose, reflect professional responsibilities and accountabilities and deliver Integration Joint Board objectives and service priorities.
- To maintain a line management and professional leadership structure to support the Chief Officer with the operational/day to day management and leadership of the integrated service and provide sufficient and adequate direction and supervision to enable all employees to fulfil their designated duties.
- To provide support and advice for managers on HR, legal, estates, property, health and safety and information management.
- To involve and engage with Trade Unions/Staff Side at the formulation stage of developments and to strive for positive industrial relations and good partnership working.

5. Management Responsibilities and Accountability

Chief Officer

The Chief Officer is responsible for the overall operational management, leadership and direction of the East Lothian Health and Social Care Partnership on behalf of both parties.

This will include:

- Direct management of the East Lothian Health and Social Care Partnership and identified resources from both organisations in accordance with the relevant delegations and regulations.
- Ensuring that appropriate professional leadership and supervision is in place for those employees with professional registration obligations and responsibilities.

6. Terms and Conditions of Integrated Employees

All members of the East Lothian Health and Social Care Partnership will be managed in accordance with the agreed policies and procedures of their employing organisation.

Members of the East Lothian Health and Social Care Partnership will continue to be employed by their Parent Organisation on the same terms and conditions of service as they presently are, as amended from time to time in accordance with their conditions of employment.

Members of the East Lothian Health and Social Care Partnership will be subject to their Parent Organisation's HR policies and procedures. These may be added to or amended through the normal negotiating arrangements of the parties.

7. Management of Vacancies

Any vacancy in the East Lothian Health and Social Care Partnership will be managed and advertised in accordance with the policy and procedures of the Parent Organisation managing the recruitment.

All employees in the integrated service will be eligible to apply for internal vacancies advertised by either of the Parties.

If an employee chooses to apply for a post with the other employer, it should be made explicitly clear to the employee that in doing so they would be commencing employment with a new employer and would not have statutory continuation of employment rights or continuity of employment. They would also be required to join a new pension scheme.

Some roles will be evaluated and graded in both organisations, with the successful candidate free to select their employer.

Employees in integrated services whose posts are at risk will be treated under the Organisational Change/Redundancy and/or Redeployment policies of the employing organisation. In such a case, if a vacancy arises within the East Lothian Health and Social Care Partnership then the appropriate Redeployment Policy/Process will apply.

Redeployment opportunities will be limited to employees working within East Lothian not the wider NHS Lothian staff group.

8. Identification of Post Prior to Advertising

All vacancies will be advertised as East Lothian Health and Social Care Partnership posts.

Where there is a clear professional requirement for the host to be one of the parties e.g. a Social Worker has professional line management within the Council, but the professional lead for a Mental Health Nurse sits within the NHS, the host will be the appropriate employer.

Where the host employer can be either NHSL or ELC, i.e. for administrative functions, the staff appointed will be able to choose the appropriate employer and relative terms and conditions that would therefore apply. Job descriptions and person specifications for these posts will be evaluated under both ELC and NHS Agenda for Change (AfC) job evaluation schemes where appropriate.

If an employee is offered a post through redeployment, the parties agree that this will be in line with the host employer Redeployment Policies and Procedures;

9. Recruitment Procedure

The Parent Organisation will ensure that their agreed Recruitment and Selection procedures are adhered to.

10. Appointment of Employees

For the purpose and duration of the agreement, all employees working within the Integrated Service shall do so through one of the following arrangements:

Appointment:

For new posts, employees may be appointed to positions through agreed recruitment processes as detailed above and given an employment contract with either NHSL or the Council as appropriate. All contracts of employment will be issued by the relevant HR Section.

Existing employees:

Where the successful candidate is currently employed by one of the Parent Organisations, if they choose to apply for a new position in the Integrated Service then they will transfer to the terms and conditions of the post advertised, unless the post is evaluated in both organisations, in which case the employee must be given the choice of which pay and terms and conditions to accept.

Employees new to both organisations:

Where the successful applicant is new to both parties then they will be offered the post on the terms and conditions of the parent organisation where the post originated from.

11. Integrated Management Posts

It is recognised that in the partnership that there will be a small number of Integrated Management posts, which will require them to be evaluated under both NHS and East Lothian Council schemes and then they will be advertised jointly, showing both salaries etc.

The successful candidate would remain with their existing employer and their existing terms and conditions, unless the role is evaluated and graded in both organisations, in which case, the successful candidate will be free to select their employer.

The postholder would have responsibility in their role across the whole of the Integrated Service.

12. Transport/Driver Compliance

It is acknowledged that in the East Lothian Health and Social Care Partnership each Parent Organisation holds their respective Fleet Management, Driver Handbook and regulatory requirements employees are required to adhere to, this is outlined in the ELHSCP Insurance Protocol.

13. Disputes and Variations to this Protocol

Any proposed variations to this protocol or any disputes over the interpretation of the content will be considered by the Joint Management Team and the employee representatives.

14. Review

This protocol will be reviewed by the Joint Management team and the employee representatives as required.

Date Written: 18/02/2025

Review Date: January 2027

The East Lothian Health & Social Care Partnership (ELHSCP) has both East Lothian Council (ELC) and NHS Lothian staff working to deliver for our communities. The purpose of this protocol is to outline the claims handling process in the event that a claim is received by the ELHSCP. It is not intended to and will not replace the policies in place for any complaints or feedback; these processes should follow the established processes of the respective organisations.

Background

Often, in the run up to a claim being received, representatives of an individual and/or the individual themselves will request access to documentation relating to an incident. This could also follow on from a complaint / feedback process. Documentation that is permitted to be released should be shared with the individual and/or their representative

Types of claims that may be received:

Employers Liability

This insurance covers claims may be received from employees and those falling within the definition of employee, – it is suggested that these are directed to the employers to handle and these will be managed in line with each organisation’s respective Employers Liability arrangements in place.

Public Liability / Medical Malpractice

This insurance covers claims from a third party in relation to allegations of negligence leading to loss / damage and / or injury – these may be directed to either / both organisations – as the NHS has CNORIS and not an insurance policy, all requirements for ELC insurance must be met to ensure that cover is not invalidated.

Property Owners Liability

This insurance is held by the building owner for claims from a third party in relation to allegations of loss / damage and / or injury where the cause relates to the fabric of the building (eg falling masonry etc) – these may be directed to either / both organisations and relates to the owner of the building being liable for loss / damage / injury as a result of an incident involving the building directly

Vehicle claims received via NHSL or ELC (either EL or PL) in relation to an motor incident which has given rise to loss / damage and / or injury:

Please follow the respective Employers claims processes as outlined in Appendix A.

No hypotheses regarding claims scenarios and / or outcomes can be discussed

No admission of liability is permitted by anyone on behalf of ELC/NHSL, an investigation into liability will be undertaken by ELCs insurers or NHSL vehicle insurers via their claims handling agents to determine legal liability.

Claims handled outwith this process will not be funded by the insurance fund within ELC or NHSL vehicle insurance, it will be a service liability.

Fleet Vehicle Insurance: Claim Flowchart

VEHICLE INCIDENT

Ensure you have details of all involved parties, a full account of the incident which has occurred:

Contemporaneous reliable and complete evidence is essential in the event of any incident— all reports / policies / procedures etc should be gathered at the time of the incident and kept in line with the required retention period/s contained within each organisations respective Data Management and Records Retention Plan

NHSL Employee

Follow process in Operational Procedures for the Management and Use of Vehicles within NHS Lothian which is available on NHSL staff Intranet

Employees involved in incident record incident details on Datix and directly contact the insurance company **Allianz UK** on **0370 606 4912**

Policies

Vans – BV29296446

Cars – BV29296447

ELC Employee

Follow process detailed in ELC Drivers Handbook which is available on ELC staff intranet.

Contact: insurance@eastlothian.gov.uk

The insurance team will assess the circumstances and request confirmation of whose instructions/supervision the individual was working under to determine whom will handle the claim (to assess the possibility of a recovery)

Should the incident be for ELCs insurance, the insurance team will send the claim electronically to the insurers claim handling agents and request documentation in relation to the incident from you



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 20 March 2025
BY: Chief Officer
SUBJECT: Appointment of IJB Standards Officer

8

1 PURPOSE

- 1.1 The purpose of this report is to nominate a replacement Standards Officer as required by the Ethical Standards in Public Life. (Scotland) Act 2000.
- 1.2 The nomination will be subject to the approval by the Standards Commission for Scotland.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
 - i. Nominate East Lothian Council's Head of Corporate Support, Hayley Barnett, as a replacement to the IJB Chief Officer, as Standards Officer to East Lothian's IJB.
 - ii. Note the appointment is subject to the approval by the Standards Commission Scotland.

3 BACKGROUND

- 3.1 Integration Joint Boards (IJBs) were established in 2014 through the Public Bodies (Joint Working) Scotland Act as a means for health boards and local authorities to integrate adult health and social care services and budgets, through delegation to a locally accountable body.
- 3.2 East Lothian IJB was established in July 2015, taking on responsibility for development of integrated planning and delivery of health and social care services and criminal justice social work in the East Lothian Council geographical area, as well as certain acute hospital services managed by NHS Lothian.

3.3 As a “devolved public body” the Integration Joint Board is required to produce a Code of Conduct setting out how members should conduct themselves in undertaking their duties. The Scottish Government has produced a model Code of Conduct for use by IJBs and East Lothian IJB adopted the model code. This was last updated and agreed by ELIJB in October 2023.

3.4 Each body which comes under the Model Code of Conduct for Devolved Public Bodies is required to appoint a Standards Officer.

3.5 The Standards Commission for Scotland (SCS) sets out the role of the Standards Officer in an Advice Note available at:
<https://www.standardscommissionscotland.org.uk/about-us/news/health-and-social-care-ijbs---standards-officer-appointments>

3.6 The duties of the Standards Officer cover:

- Regular training for IJB members on the ethical standards framework, the Code of Conduct and the Standards Commission guidance.
- Maintenance of high standards of conduct by promoting awareness of the Code and advising and supporting IJB members on its interpretation and application.
- Advising an individual member, if concerns arise, they may have breached the Code, or risk doing so.
- To provide members with private advice or support (although, in some circumstances the Standards Officer may need to share information with other parties).
- To maintain an IJB Members’ Register of Interests, updated at least yearly.
- To ensure each meeting of the IJB starts with a declaration of interest on any item/s on the agenda.
- In certain cases, to adopt an investigatory role in respect of complaints made or concerns raised about a member’s conduct.
- To report to the IJB on matters relating to the Ethical Standards Framework and compliance.

3.7 The Standards Officer for East Lothian IJB has been the Chief Officer for the IJB, currently Fiona Wilson. It is recognised that a more independent officer is required and therefore Head of Corporate Support for East Lothian Council is to be nominated as the IJB’s Standard Officer.

4 ENGAGEMENT

4.1 There is no engagement required in connection with this paper.

5 POLICY IMPLICATIONS

- 5.1 There are no further policy implications, beyond ensuring all IJB members are aware of the Code of Conduct and associated guidance and have signed the Code and updated the Register of Interests and the Standards Officer is registered with the Standards Commission.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

- 7.1 There are no implications for Directions arising from this report.

8 RESOURCE IMPLICATIONS

- 8.1 There are no financial, personnel, or other resource implications arising from this report.

9 BACKGROUND PAPERS

- 9.1 The advice note for IJB members (also at appendix 1) is available at the Standards Commission for Scotland (SCS) website:
<http://www.standardscommissionscotland.org.uk/about-us/news/advice-note-for-members-of-ijbs>
- 9.2 The SCS website also contains further information relevant to IJBs at:
<http://www.standardscommissionscotland.org.uk/search/?search-filter=ijb>

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