

EDINBURGH INTEGRATED JOINT BOARD
DRAFT STRATEGIC PLAN 2019-2022

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1. FOREWORDS

1.1 Chair and Vice Chair – TO BE COMPLETED POST CONSULTATION

2. EXECUTIVE SUMMARY

- 2.1 The Edinburgh Integration Joint Board (EIJB) Strategic Plan 2019-2022 sets out how health and social care services will evolve in Edinburgh over the next nine years in outline and the next three years in detail¹. It applies to all adults in the city of Edinburgh who require health and social care or who are considered at risk. It explains our intention to be the first in Scotland to embrace the Three Conversations Model at scale, as a strategic and cultural framework. It does not list detailed Directions, but it provides the necessary framework and guidance within which to progress.
- 2.2 Reference groups, chaired by EIJB members, were set up to conduct detailed work in the areas of: older people (Ageing Well), mental health (Thrive), learning disabilities, physical disabilities, and primary care. The outputs from these reference groups have informed the development and production of this Strategic Plan and have been carefully mapped to the change programme work streams to deliver coherence, prioritisation and to capture aspirations for future planning cycles.
- 2.3 Throughout the lifetime of this Strategic Plan there is much to do. The Good Governance Institute (GGI) will continue its support to the EIJB; to improve ways of working, decision making and setting Directions. We will learn from experience and good example elsewhere, to refine our planning, budget setting and commissioning activity, and we will redefine the Edinburgh offer. Our improved planning cycle will allow us to work in a more co-productive way with our partners and to more clearly define Directions which will provide focus and allow our progress to be assessed. We plan to increase our efforts to improve performance and ways of working, to provide better outcomes and experience for service users, carers and our valued staff.
- 2.4 By involving partners in the design of our performance and quality systems, we can provide simple access for service users and build on the strong foundation of the 'good conversations' approach. It will require cultural change, a more integrated approach involving the evolution of fully integrated teams and a deliberate shift towards community-based services. At its heart, the Strategic Plan seeks to deliver health and social care services in a way that supports people to be well at home, and in their community, for as long as possible. Providing first class acute hospital care only when medical intervention is required; aiming to provide the right care, at the right time, in the right place.

¹ Aligns to three year recurring strategic planning cycles.

- 2.5 We will advance our change programme over the next planning cycle in two phases. Carrying forward existing work streams from the Reference Groups and driving forward in close collaboration and engagement with our partners and stakeholders. We must progress rapidly over the next three years and beyond into future strategic planning cycles, to create the conditions to successfully transition to a modern and sustainable health and social care model for Edinburgh.

3. VISION, STRATEGIC FRAMEWORK AND INTENT

- 3.1 **Vision** - The EIJB vision remains to deliver together a ‘**caring, healthier and safer Edinburgh**’.
- 3.2 **Intent** - The EIJB intent is to further develop integration to deliver an affordable, sustainable and trusted health and social care system for Edinburgh. To achieve our intent, we will redesign and transform through a comprehensive change programme starting in July 2019. We will enhance our efforts in prevention and early intervention to support independence and tackle inequality. We seek to listen and hear, reduce bureaucracy, reduce waiting lists and assist people to remain at home for as long as they can. Striving to move the balance of care from acute hospital services to the community and home. Working closely with our partners including housing officials and the voluntary and independent sectors, to optimise all available resources in the community and to support and enhance our locality framework. We will redefine the Edinburgh offer, and in so doing, seek to align expectations to the modern reality.

We will strive to ensure we support all carers and our valued and skilled workforce by engaging, hearing and seeking to grow a culture of collaboration, maximising capacity, driving out inefficiencies and one of continuous improvement. We will seek to better align and integrate our planning and commissioning process, financial planning, our ways of working and make best use of existing and emerging technology. The Three Conversations Model will be introduced across the city to advance our strategic priorities and enhance our commitment to delivering Self-Directed Support. Delivering these vital changes will take time and will need positive leadership and drive at all levels. We must progress rapidly over the next three years and beyond, to create the conditions to successfully transition to a modern and sustainable health and social care model for Edinburgh.

- 3.3 The strategic framework that we will work to over the next series of planning cycles is summarised in the table below:

Where do we want to be?

- an affordable, sustainable and trusted health and social care system

- a clearly understood and supported Edinburgh offer which is fair, proportionate and manages expectations
- a person-centred, patient first and home first approach
- a motivated, skilled and balanced workforce
- an optimised partnership with the voluntary and independent sectors
- care supported by the latest technology
- a culture of continuous improvement.

How are we going to get there?

- develop and agree a refreshed Edinburgh offer with our citizens
- adopt a 'home first' approach and roll out the Three Conversations Model to support prevention and early intervention
- work towards shifting the balance of care from acute services to the community through our change programme
- continue to build our partnership with the voluntary and independent sectors
- continue to tackle inequality
- deliver this Strategic Plan over the next three years and continue the change programme over future planning cycles
- unity of purpose and momentum.

What resources and enablers must we manage effectively to support us?

- Scottish Government Direction
- good governance, planning and commissioning
- finance – constantly working towards a balanced budget
- workforce – strategy to mitigate pressures and working closely with partners
- infrastructure – right sizing, future planning
- technology – identification and implementation
- communications and Engagement with our partners and with our citizens
- data and performance management.

Supporting themes:

- a deliberate shift to early intervention and prevention, building reliance at individual and community level

- working across life stages and ages to create more cohesive and seamless services
- service users empowered to design their own care (through the design of services and the consistent use of good conversations)
- resources joined up and working together both within and across our localities and the third and independent sectors
- people gain access to resources and services in a timely manner.
- third sector services in communities are supported to meet the needs of people who fall below statutory criteria
- people know what services are available and how to access these services, ideally through a single point of contact
- forge closer links with acute services to ensure that people are not either 'referred' or trapped for reasons which do not help to enhance their independence
- service users are involved in how resources are used and developed in their communities
- carers are supported to carry out their role in a way that supports the carers health and wellbeing
- success is demonstrated based on outcomes for people.

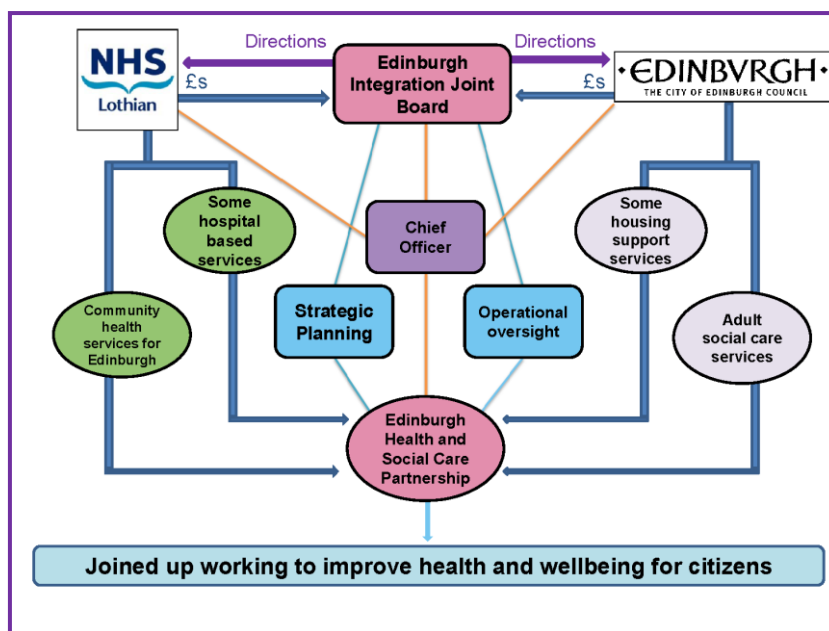
4. THE INTEGRATION OF HEALTH AND SOCIAL CARE

- 4.1 **Scottish Government** - The Scottish Government directed the integration of health and social care under the terms of the Public Bodies (Joint Working) Act 2014. Central to the legislation was the integration of Local Authorities and Health Boards. Since then, health and social care in Scotland has moved towards integration and will continue to evolve. The Health and Social Care Standards² which aims to drive improvement, promote flexibility and encourage innovation, and the nine National Health and Wellbeing Outcomes, have shaped and underpinned the production of this Strategic Plan.
- 4.2 **Edinburgh Integrated Joint Board (EIJB)** - The EIJB, and the supporting Health and Social Care Partnership (EHSCP), were established on 1 July 2016. The City of Edinburgh Council (the Council) and the National Health Service Lothian (NHSL) delegate resource³ and responsibility for planning health and social care functions to the EIJB. As a decision-making body, the EIJB is required to produce a Strategic Plan every three years,

² Scottish Government Health and Social Care Standards dated June 2017.

³ The EIJB is responsible for a budget of circa £700 million.

reviewed annually, setting out the vision, intent and strategic priorities for health and social care in Edinburgh. The relationship of the EHSCP with the Council, NHSL and the EIJB is set out in the following diagram.



The EIJB sits formally every two months and is supported by four sub-committees⁴ and by the EHSCP. The [EIJB membership](#) is set out in legislation and has broad representation. A review of the EIJB by the Good Governance Institute (GGI) was conducted in November 2018⁵. The 18 recommendations contained in the final report were accepted in full by the EIJB on 14 December 2018. The GGI will continue to support the EIJB to develop and improve its ways of working and overall performance during this strategic planning cycle.

The majority of services are delivered through the EHSCP, although some are managed directly by NHSL. These are referred to as ‘hosted’ or ‘set aside’ services. The following table sets out the services delegated to EIJB.

⁴ Audit and Risk Committee, Strategic Planning Group, Performance and Quality Group, and Professional Advisory Group.

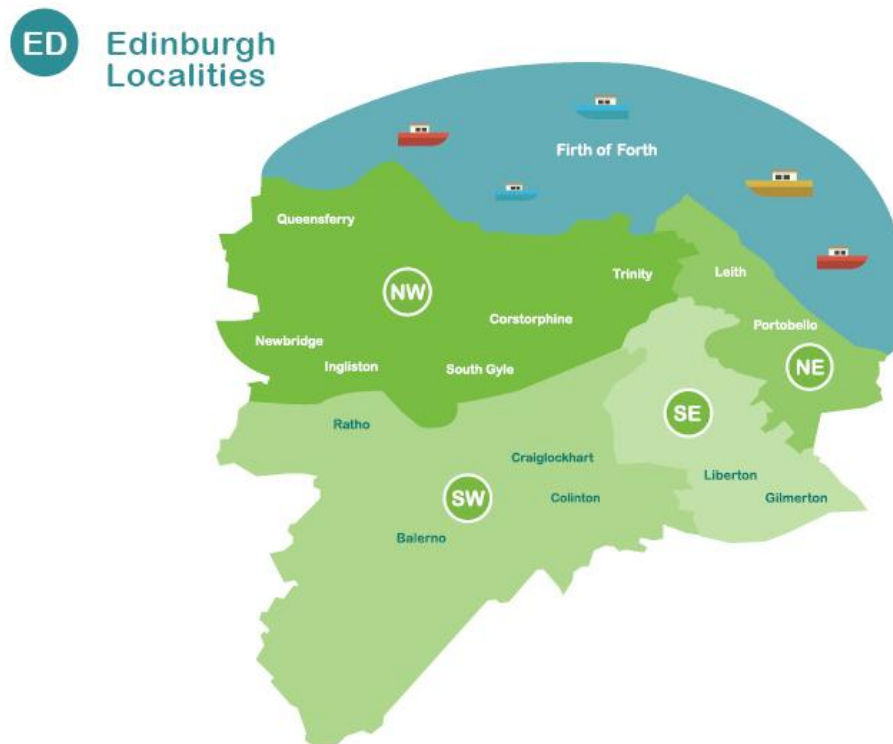
⁵ GGI Independent Review of the Governance of EIJB dated November 2018.

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

The EIJB is also a member of the Edinburgh Community Planning Partnership (ECPP). The role of the ECPP is to ensure there is a coordinated approach to planning public services through the development of a [community plan](#) aimed at reducing poverty and tackling inequalities. In addition, the EHSCP is one of a number of strategic partnerships that support the delivery of the community plan. The ECPP work is collaborative and essential in addressing inequalities, much of which cannot be solved by health and social care services alone. Working closely with our partners, including housing officials and the third and

independent sectors, is of growing importance and instrumental in evolving the concept of integration.

- 4.3 **EHSCP** - The EHSCP is led by an integrated Executive and Senior Management team which operates from the Council's headquarters at Waverley Court. In the city of Edinburgh, local health and social care responsibilities are mainly managed through our localities: North East, North West, South East and South West.



Our hospital and care home services are delivered as a city-run function and the Primary Care Support Team supports the 70 general practices (GP) which deliver general medical services (GMS) across Edinburgh.

- 4.4 **The locality model** - We consider the community to be at the heart of the design and delivery of the services which support it. We believe that communities should be fully engaged in co-producing solutions to problems, that may have traditionally been considered entirely the role and responsibility of formal organisations, such as NHSL and the Council. Establishing the four localities in Edinburgh has moved us closer to communities in terms of design and delivery, which in turn support the localised 'neighbourhoods' within the city. The localities provide both a 'front door' access point to health and social care services, as well as the place from which longer-term support is organised. Citizens benefit from the more localised delivery of many services, as well as being invited to participate in supporting the development of more localised opportunities, which adds additional value to meeting the diverse needs of the city. Each locality co-produces a locality plan, with service users, partners and other stakeholders within the community. These plans are

designed around the specific needs of the locality and are reviewed annually against the priorities set out in the Strategic Plan.

- 4.5 **Our progress on performance** - EHSCP regularly monitors the performance of the services it provides. The Executive Management Team meet monthly to scrutinise service performance and use performance information to identify and track service improvements. Several key areas have seen improvements in performance over the last 18 months, and these are outlined below:

Number of people waiting for a support assessment - To determine the appropriate support for individuals, we undertake a formal assessment with them to identify their support needs. The number of people waiting for an assessment to be undertaken has reduced in the last 18 months.

Number of people waiting for an assessment	September 2017	February 2018	February 2019
	1,978	1,582	1,261

Number of service users waiting for review - To ensure that service users are continuing to receive the appropriate support, we undertake reviews at regular intervals. We have focused resources on increasing the number of reviews that we carry out, and on ensuring that our records correctly reflect the service user's current situation. This has reduced the number of service users whose review is recorded as overdue. As such, the proportion of people who have had a review of their needs and support in the last year has increased from 61% to 75%.

Number of service users waiting for review	September 2017	February 2018	February 2019
	6,159	5,425	3,761
Percentage of service users with a review in the last year		61.1%	74.5%

People waiting for a package of care - Following an assessment or review, it may be that an individual requires a package of care for them to remain living at home. The number of people, and associated care hours, who are waiting for a package has reduced substantially throughout 2018/19.

Number of people waiting for package of care		February 2018	April 2018	February 2019
	People	925	1,012	613
	Hours	7,444	8,679	4,569

Delayed discharge - Individuals are recorded as delayed in hospital when they are medically able to be discharged, but cannot, as ongoing care

arrangements are not in yet place. This could include, a package of care to support them in their own home, or a suitable care home placement being available. To help us respond more quickly to individuals' needs, we use local data to supplement nationally validated monthly data. This is detailed below and highlights that since the largest number of delays were recorded in March 2018 the overall number of patients delayed has fallen by 108. The number of patients with delays in the assessment process has fallen by 38 and the number waiting for a package of care has fallen by 79.

Local data/ month end	All delays	Assessment delays	Waiting for care home	Waiting for package of care
Jan 2018	248	52	54	99
Feb 2018	257	43	65	110
Mar 2018	288	55	55	128
Apr 2018	252	44	41	128
May 2018	243	43	33	121
Jun 2018	259	45	46	117
Jul 2018	251	48	45	105
Aug 2018	271	55	50	104
Sep 2018	268	32	75	102
Oct 2018	252	21	75	98
Nov 2018	201	19	58	57
Dec 2018	163	18	40	36
Jan 2019	194	22	59	48
Feb 2019	209	15	62	41
Mar 2019	180	17	41	49

5. THE STRATEGIC CONTEXT

- 5.1 **General** - As improvements in medical science and technology advance, many people are living longer. Whilst this is a most welcome trend, a direct consequence is a rise in frailty and more complex medical conditions being presented, placing more pressure on carers and the traditional approach to publicly funded health and social care services. In addition, society and government are becoming increasingly aware and taking account of the effect of mental illness and living with disabilities. As overall demand increases, the supply and related costs of health and social care come under increasing pressure. An anticipated reduction in replacement levels, alongside patterns of poor diet and lifestyle, is expected to extenuate this pressure. Within cities this is further heightened by the gradual effect of urbanisation and a rise in inequality. All this is set against a background of downward budgetary

pressure as governments struggle to balance resources. A recent report by Audit Scotland⁶ reviewed the changes being introduced through the integration of health and social care. The report sets out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified were:

- a 12% increase expected in GP consultations
- a 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare
- a 35% increase in demand for long-stay care home places
- a 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

The Scottish Government has reacted to these trends through integration, the 2020 vision and a series of supporting initiatives. Integration was intended to drive change and the adoption of innovative ways of working to optimise resource and capacity, and signs of this accelerating are already apparent.

5.2 Edinburgh - In Edinburgh, the population is diverse with distinct areas of wealth and economic deprivation. The population in Edinburgh is projected to increase faster than any other city in Scotland over the next 20 years⁷. Based on historical trend analysis, the annual population growth for the city is estimated to be between 5 to 6 thousand, with those aged 85+ projected to grow by 28% between 2012 and 2022. By 2037, the number of those aged 85+ is set to more than double⁸. The city also has high student and tourist populations putting additional pressure on some of our services at peak times in the year. These demographic trends present significant implications to the city and in particular to health and social care.

The Scottish Index of Multiple Deprivation (SIMD) maps show that areas of deprivation in Edinburgh are mostly concentrated in peripheral housing estates; a pattern that has existed for many years. Each locality has a significant area of concentrated economic disadvantage, but deprivation and health inequalities are not confined to areas of multiple deprivation. Data on poverty highlights the extent to which there are people across the city living on very low incomes⁹.

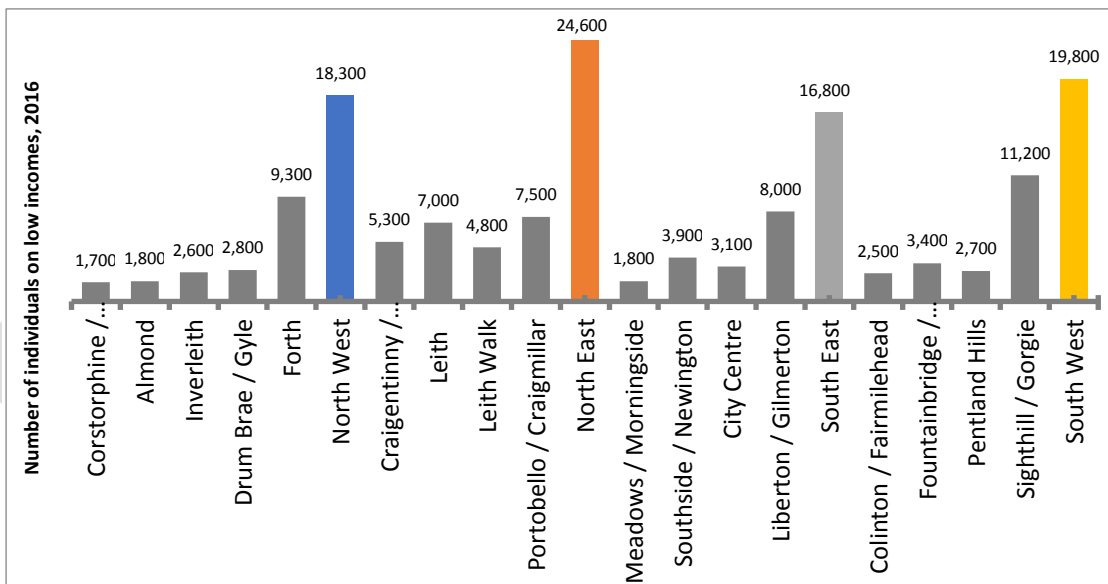
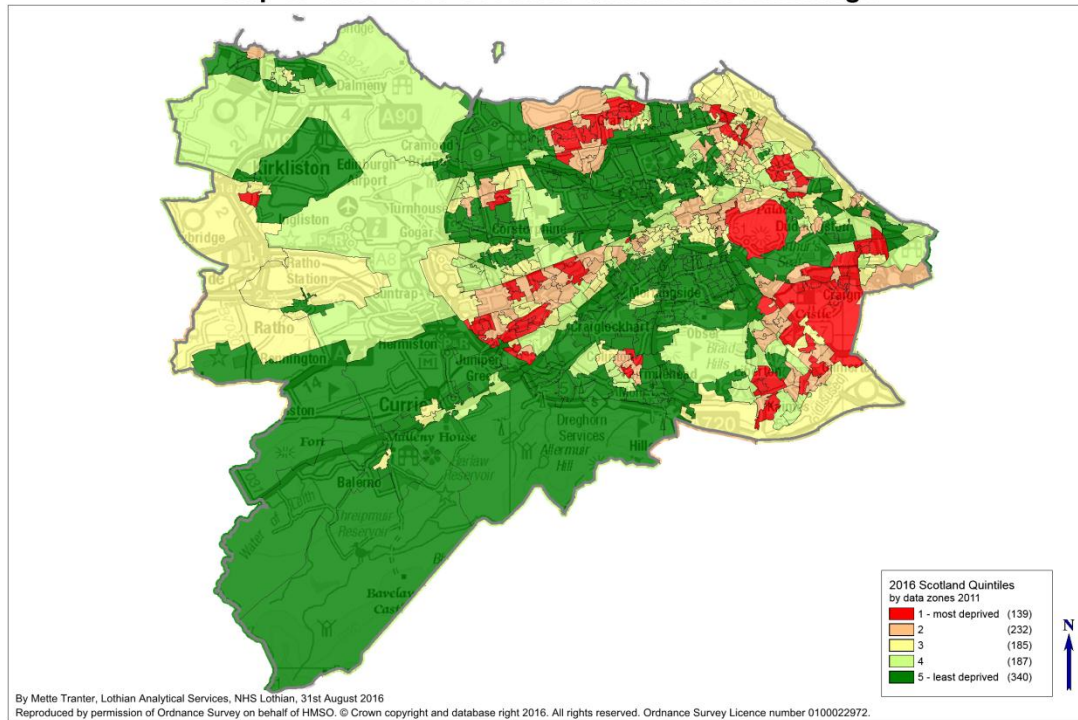
⁶ Health and Social Care Integration prepared by Audit Scotland dated November 2019.

⁷ Edinburgh Joint Strategic Needs Assessment 2015.

⁸ Edinburgh Joint Strategic Needs Assessment 2015.

⁹ EIJB Edinburgh Health Information dated October 2019. Authors Dr Dermot Gorman, Martin Higgins, Public Health and Health Policy, NHS Lothian.

Map of SIMD 2016 Scotland Quintiles for Edinburgh



The number of people living in areas of multiple deprivation is vastly outweighed by those living in less deprived areas. Understanding this city-wide picture is of key relevance to EHSCP and EIJB. It provides essential insight to inform planning and guide operational priorities. Tackling health inequalities through alleviating poverty would reduce long term demand on public services (reducing 'failure demand'). EHSCP will work with community planning partners and communities throughout the city to better understand how community capacity and resilience can be developed.

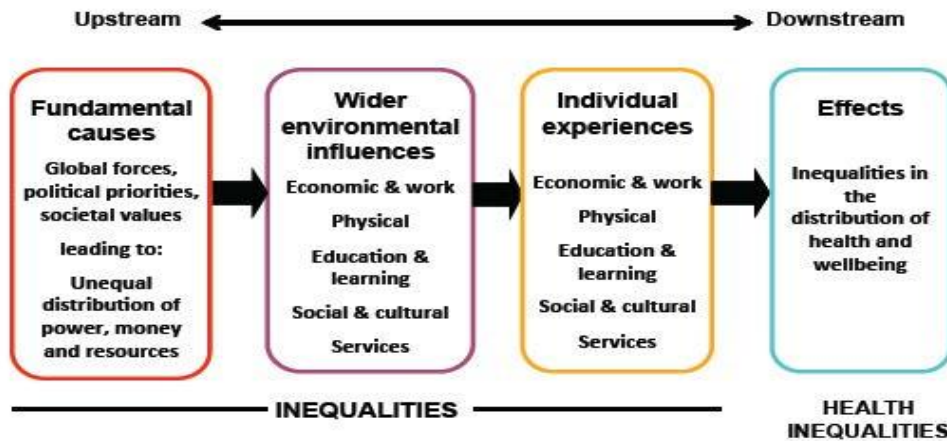
EHSCP will embrace the Three Conversations Model as a combined cultural re-orientation and delivery philosophy, which will produce a deeper

understanding of how to support communities, rather than simply offering standard services. This approach is particularly important in areas of multiple economic disadvantage, where individuals and families can experience multiple needs being met with well intentioned, but uncoordinated public services. We can learn from previous ambitious activities such as 'Total Place' and 'Inclusive Edinburgh,' but there is an urgent need to talk to communities about the opportunities to mainstream different and more responsive relationships with public services.

- 5.3 **Inequalities** - The [Christie Commission](#) highlighted that the greatest challenge facing public services is to combat the negative outcomes for individuals and communities arising from deep-rooted inequalities. This challenge is not new, but public policy has failed consistently to resolve it. Part of the problem has been a failure to prioritise preventative measures; a weakness which can trap individuals and communities in a cycle of deprivation and low aspiration¹⁰.

EHSCP has strong foundations with which to understand and address health inequalities. In 2015 the Council undertook a mapping exercise which revealed 152 natural communities across the city. These natural communities mapped well into the city's 12 Neighbourhood Partnership areas, which were then used as the geographical foundations of the four new multi-agency localities. The city currently has 70 GP practices, each of which has a population concentration which readily maps onto the identified natural communities. Each practice has a detailed understanding of their community's needs and how the demands of the local population are changing. Our intention is to ensure these insights and local credibility can be better harnessed into shaping more responsive and effective approaches to preventative health and social care. Engaging housing authorities and the voluntary and independent sectors to develop more integrated and inclusive solutions. The EHSCP is well positioned to contribute to one of the key aspirations emerging from the city-wide 2050 visioning - to eradicate poverty.

¹⁰ Commission on the future delivery of Public Services dated June 2011.



“The challenge is to reduce the difference in mortality and morbidity rates between rich and poor and to increase the quality of life and sense of wellbeing of the whole local community. Healthcare services have a very limited impact on the overall health of the population. Health and wellbeing is largely determined by social circumstances, the environment, lifestyle and behaviours. These factors are estimated to account for between 60-85% of an individual’s overall health and wellbeing”.¹¹

The WHO Commission on the Social Determinants of Health proposed that proportionate universalism is the most effective way of deploying resources to address inequalities. Universal service provision is still vital, but there needs to be flexibility or responsiveness that allows resource to be directed in proportion to the needs of the most disadvantaged populations. People with chaotic and complex life circumstances benefit most from services that are designed with their needs in mind such as the Integrated Homelessness Service, Drug and Alcohol Services, Veterans First Point, SHAKTI and the Willow Project. EHSCP has a direct role in thinking about resource allocation and accessibility. EHSCP has longstanding investments in community projects in the areas of the city with concentrated economic deprivation, linking primary care and the local third sector and community resources through the new network of Primary Care Linkworkers. In turn, Linkworkers are being deliberately linked to a strengthened and re-commissioned network of Welfare Rights Advisors. In addition, there are specialist resources provided to interest groups, most notably LGBT¹². Income, housing issues, social security changes, employment and education have major impacts on health. These fundamental determinants play out in numerous ways across the health and social care system. Welfare Rights Advisors are a response to the significant number of people who present to primary and social care services with income, debt, budgeting, welfare or housing concerns; the lived

¹¹ NICE Health inequalities and population health, Local government briefing [LGB4] adapted from Campbell F (editor) (2010) [the social determinants of health and the role of local government](#).

¹² Lesbian, Gay, Bi-sexual and Transgender.

experience of disadvantage shapes physical and mental health¹³. While EHSCP can provide some mitigation, more significant preventative action must occur in other areas.

- 5.4 **Housing** - Edinburgh has a lack of affordable and social housing, an ageing estate, high property costs and high rental properties. A critical component of housing planning is health and social care. The Scottish Government requires all Integrated Joint Board Strategic Plans to have an integral Housing Contribution Statement (HCS); considered to be a key cross-cutting enabler. The Edinburgh HCS has been designed in co-production with strategic reference groups focussing on the key themes of increasing the supply of new homes, providing services to help people stay at home and working more closely with communities. The city of Edinburgh HCS is at Appendix 2.
- 5.5 **Workforce** - The workforce is our key resource and ensuring we have both the numbers and skills to meet the increasing service demand remains a priority for EHSCP. It is vital that we engage with, motivate and support our workforce, to improve and sustain their knowledge, skills and experience as we face the challenges and opportunities ahead. Our workforce is ageing in several areas and there is a constant struggle to recruit and retain health and social care professionals in the city. Baseline indicators identify across the Partnership that 45% of the total workforce at age 50 and above. Further scrutiny also highlights issues of supply with less than 10% of the workforce below the age of 30. Into this mix, the ageing city population, as well as Edinburgh's buoyant employment position poses further challenges with recruitment and subsequent service delivery. To meet the increasing demand, the EHSCP workforce planning group has highlighted the need for targeted recruitment, for example offering modern apprenticeships, as well as the need to transform roles to allow for a step-change in the way our workforce deliver services now and in the future. A workforce strategy is being developed and will form part of our change programme.
- 5.6 **Voluntary and Independent Sectors** - The voluntary and independent sectors are vital partners in the development of health and social care in Edinburgh. Our partners are faced with similar budgetary and workforce pressures and it is essential we work together and build trust to make the most of the resources available. Engagement and collaborative planning are central in realising the benefits of these relationships. Both sectors will be invited to continue their support to co-production and planning through the lifetime of the change programme and beyond.
- 5.7 **Unpaid Carers** - Carers are recognised as playing an increasingly key role in keeping people of all ages in their own homes and community. In recognition of this, the Scottish Government established the [Carers \(Scotland\) Act 2016](#),

¹³ EIJB Edinburgh Health Information dated October 2019. Authors Dr Dermot Gorman, Martin Higgins, Public Health and Health Policy, NHS Lothian.

which is designed to promote carers' health and wellbeing and help make caring more sustainable. This act places a duty on EHSCP to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. Tools that enable these outcomes are an adult carer support plan (ACSP) and a young carer statement (YCS); these assist to identify carers' needs and personal outcomes. The EHSCP is also required to provide information and an advice service for carers, which should cover such issues as; emergency and future care planning, advocacy, income maximisation and carers' rights. A Carers Strategy for Edinburgh, including an action plan, will be implemented from 1 April 2019.

- 5.8 **The Edinburgh offer** - There is a high public expectation of what health and social care services should provide. These expectations have been shaped by experience of what the health and social care system is capable of, as well as an increasingly focused perspective on what the health and social care system should be responsible for, and the shape and standards it should have. Expectations have grown whilst our ability to deliver has become increasingly challenging as we face unprecedented change in our health and social care system. Whilst a growing awareness and acceptance of the modern reality of demographic trends, inequalities and the impact of lifestyle choices can sensibly be assumed, the impact on expectations is difficult to measure accurately. What we do know, is that the status quo is unsustainable in the longer term and consequently our health and social care system must evolve and find new ways to meet these challenges. Our existing service delivery is largely transactional in nature, and often within rigid models of delivery. Inevitably, there may be certain areas of current care provision models that will no longer be viable, even if desirable.

To optimise alignment between expectations and realistic delivery, we must actively engage our citizens in a more active and collaborative way. Working alongside formal health and social care agencies, as well as other partners within our communities; community groups, the third and independent sectors, faith-based organisations and others, to build genuine collaborations which support individuals and communities through co-production. To achieve this aspiration, we must provide clarity of the offer to our citizens and redefine what the statutory services can contribute. The redefined Edinburgh offer will come in the form of an explicit statement of our intent and mutual expectations, with greater definition on the kind of contract we wish to have with our citizens. We seek to be transparent and realistic when developing the Edinburgh offer and intend to regularly communicate and engage in a more collaborative and integrated way, so that citizens who find themselves needing our support, know how to engage with us and realistically what to expect from that relationship. Essentially, we believe people are experts in their own lives, so our aim is to work with individuals and their carers to identify what matters most to them and support them to reach their potential.

Working with the strengths of our citizens and communities to make sure that age, disability, or health conditions are not barriers to living a safe and thriving life in Edinburgh.

6. OUR STRATEGIC PRIORITIES, GUIDING PRINCIPLES AND VALUES

6.1 **General** - The selection of our strategic priorities and supporting principles is critical to our success in implementing the changes envisaged through integration. They will shape our thinking and guide decision making as we navigate through an increasingly challenging strategic environment. There are six strategic priorities:

1. **Prevention and early intervention** - More time and investment are needed in prevention and early intervention. The [Christie Commission](#) reports that in Scotland, at least 40% of public money was spent on health and social care issues that could have been prevented by taking action earlier¹⁴. There is a need to encourage healthier lifestyles and to improve our conversations with those at risk, in crisis and with their families. Through the locality structure, our relationship with community-based support is improving, with the opportunity and desire to expand. Helping people build and maintain social networks, preventing falls, increasing physical activity, supporting unpaid carers and intervening earlier when long-term conditions develop, are all key components of our approach. We seek to create the conditions in the community where individuals take a responsible approach to lifestyle and are supported to remain as healthy and independent in a home setting for as long as possible.
2. **Tackling inequalities** - Health inequalities represent thousands of unnecessary premature deaths every year in Scotland; for men in the most deprived areas nearly 25 fewer years spent in 'good health' and 22 years for women¹⁵. The fundamental causes of health inequalities are an unequal distribution of income, power and wealth which can lead to poverty and the marginalisation of individuals and groups. The wider environment in which people live and work then shapes their individual experiences in terms of low income, poor housing, discrimination and access to health services. This results in the unequal and unfair distribution of health, ill health (morbidity) and death (mortality). This has implications beyond health inequalities. Less equal societies, in terms of the differences in the income, power and wealth across the population show an association with doing less well over a range of health and social

¹⁴ Commission on the future delivery of Public Services dated June 2011

¹⁵ EIJB Edinburgh Health Information dated October 2019. Authors Dr Dermot Gorman, Martin Higgins, Public Health and Health Policy, NHS Lothian.

outcomes including violence and homicide, teenage pregnancy, drug use and social mobility. These fundamental causes also influence the distribution of wider social determinants of health, such as the availability of good-quality housing, green space, work, education and learning opportunities, access to services and social and cultural opportunities. These also have strong links to mental and physical health. By focusing on these factors within the change programme, we can begin to systemically address health inequalities at a structural, locality, community and individual level.

3. **Person-centred care** - Recent evidence¹⁶ overwhelmingly supports the view that people wish to maintain their independence and remain at home, and in their communities, for as long as possible. Our planning and care pathways will be focussed on all available services in the community, viewed as the front line. To support this approach, we will seek to provide clear information on the services available in each community and apportion resources as best we can. Whenever possible, medical institutions will be temporary rather than permanent solutions for longer term care. When acute services are required, clear and understandable pathways will be used to get people home in a controlled manner. We will seek to create capacity in the community so that people can receive the care they need in the place they call home, which may be their own tenancy, supported accommodation or care home. This includes tailoring support to individual need through good conversations. Care needs will be reviewed regularly, and integrated packages adapted to meet the requirement. Many people in their communities are supported by their GP and do not need to routinely access hospital services. We intend to support our GP practices to build on this good work. The Primary Care Improvement Plan (PCIP) published in July 2018 outlines the key areas where we must invest to support the sustainability of general practice. In addition, our Linkworker programme, which has been trialled for the last two years in Edinburgh, aims to navigate and connect people in our most deprived areas to local services. Early evaluation has suggested this programme has been successful in supporting people, however we know that this has resulted in waiting lists for some of our community services. The front-end of our services will be redesigned to ensure people are supported in the community wherever possible and to ensure people have more control over how they use an allocated budget for care support. We will re-energise Self-Directed Support within the transition to the Three Conversations Model and adopt the principle of 'home first'. We need to ensure our commissioning plans support the enhancement of community services delivered by the third sector. One of the other important elements

¹⁶ EVOC study by Virginia – to be published imminently.

of prevention and keeping people well in communities is housing and the use of technology. We will continue to work closely in co-production with housing colleagues, to plan ahead and make the most of opportunities as they present themselves.

4. **Managing our resources effectively** - It is important to ensure all resources are managed efficiently throughout the structure. A culture of prudent budgetary control, active monitoring and management of contracts, and continuous improvement, is essential to ensure public money is spent in the most cost-effective way. When commissioning services, the strategic planning cycle must be rigorously applied. In the current environment, we must identify those areas of high cost inefficiency and take sensible remedial action, to ensure resources and capacity are put to best use. As part of the change programme, a comprehensive review will be conducted on our bed-base; including intermediate care and broader infrastructure.
5. **Making best use of capacity across the system** - It is important to ensure that capacity within the structure is utilised in a balanced and progressive way. Our workforce and infrastructure should be resourced and designed to fit the requirement and demand, subject to budgetary controls and cognisant of third and independent sector provision. We will seek to rationalise and align where it makes sense to do so, through engagement and co-production with our partners and stakeholders.
6. **Right care, right place, right time** - Central to our thinking is working towards the provision of care tailored to the individual, in a place which best provides this care and as close as possible to when it is required. Early intervention, improving conversations and embracing the principle of 'home first'. We want to ensure people are supported to live as independently as possible. In line with the national Delivery Plan, Edinburgh's Strategic Plan focuses on reducing the unnecessary use of hospital services, shifting resource to primary and community care and supporting the capacity within community care. This provides a challenging agenda in terms of planning, strategic decision making, managing financial pressures and providing value for money, but must be tackled.

6.2 **Guiding principles** - There are seven guiding principles which must remain at the heart of our planning and operational delivery:

1. **Home first** - Whenever possible, in supporting individual choice, we must do what we can to assist an individual to stay at home, or in a homely setting, for as long as possible. Working with stakeholders to design the best level of support available in the community.

2. **Integration** - In the process of planning and decision making, integration must be a central consideration; to grow and develop relationships with our partners and stakeholders, and to maximise available resource. Designing pathways for citizens and professionals to make best use of available people, facilities and resources.
3. **Engagement** - Generate and improve a culture of engagement and collaboration at all levels. Engaging with our health professionals and partners to ensure housing officials, the third and independent sectors, carers, service users and their families are included whenever possible in our processes. Working to make available clear and transparent information on our plans and the Edinburgh offer. Committing to ongoing dialogue to promote best practice in engagement and participation. Striving to be inclusive in our reach; ensuring individuals and groups have their views represented. To acknowledge and build on existing relationships as well as inspiring new participation.
4. **Respect** - In everything we do, we apply a suitable level of respect for service users, families, carers and all those involved in the provision of care. Ensuring due regard for the feelings, wishes and rights of every individual. To listen, hear, respect and learn; working towards a high level of shared responsibility.
5. **Fairness** - Ensuring impartiality, without favour, providing unbiased information about the choices available and to tackle inequality. Supporting individuals to meet their aspirations and assisted to make informed choices, without discrimination or hindrance.
6. **Safer** - Working in partnership to support every individual to feel safe and secure in all aspects of their life, free from exploitation, abuse or harm. To encourage self-management, to anticipate risk and develop prevention measures.
7. **Affordable and sustainable** - At all levels, decisions should be made that take account of affordability, longer-term sustainability and value for money. Growing a culture of continuous improvement.



6.2 **Values** - The wellbeing of people living in the city of Edinburgh must be at the heart of our core values focussed on an asset based, person centred approach, to improve outcomes and experience. As we progress our change programme, we will remain inclusive, transparent and compassionate. The values of EIJB have been designed to capture and integrate the values of both the Council and NHSL.



7. THE THREE CONVERSATIONS MODEL

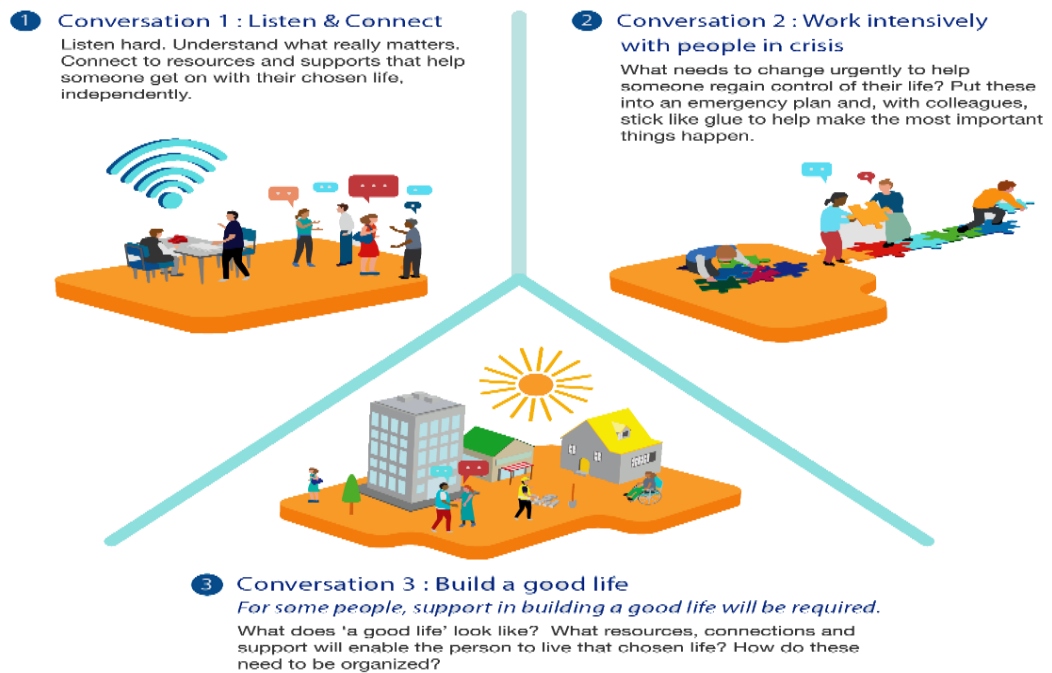
“To get to the next level of greatness depends on the quality of the culture, which depends on the quality of the relationships, which depends on the

quality of the conversations. Everything happens through conversations!”
Judith E Glaser¹⁷

7.1 **General** - The Three Conversations Model is proving successful as an approach to health and social care and is expanding fast. The model is based on working differently, to achieve tangible benefit for people and families without an increase in staff or budget. The success of this model is centred on the approach; innovation sites, new rules and new practice, developed through coaching and mentoring, building a qualitative and quantitative evidence base. Partners4Change (P4C) will be working with EHSCP and partners over the coming years to implement the model across the city. The Three Conversations Model has been chosen for Edinburgh, because it underpins and supports our intent, strategic priorities, vision and values.

The Three Conversations Model is a radically different approach. The conventional approach to care triages people, attempts to divert and connect the level of support required, and then too often makes people wait for an ‘assessment for services’. To move away from the idea that the task is to process people, complete unwieldy documents and presume the need for formal services, the Three Conversations Model offers three clear and precise ways of interacting with people that focus on what matters to them. It recognises the power of connecting people to the strengths and assets of community networks, and the necessity to work dynamically with people in crisis. It is focussed on improving the experience of people and families needing support, and in so doing, improving the satisfaction, fulfilment and effectiveness of those working in the sector, whether they be health care professionals, volunteers or carers. The Three Conversations Model not only improves the experience of service users but is popular with those working in the sector and can lead to a significant reduction in recurring funded support.

¹⁷ American author, academic, business executive and organisational anthropologist. Founder and CEO of Benchmark Communications Incorporated.



Conversation 1: Listen and connect. How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighbourhood? What do you want to do? What can I connect you to?

Conversation 2: Work intensively with people in crisis. What needs to change to make you safe and regain control? How can I help make that happen? What do I have at my disposal, including small amounts of money and using my knowledge of the community, to support you? How can I pull them together in an emergency plan and stay with you to make sure it works?

Conversation 3: Build a good life. What is a fair personal budget and what are the sources of funding? What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in support planning?

There are some non-negotiable rules about working in this new way that include abandoning the idea that our task is to assess people for services, that we must change our language (including the words 'case', triage, referral, pathway) away from terms that dehumanise people and describe a 'sorting office' approach, that we stop 'handing people off' to others in the system, that we cease our tolerance and reliance on waiting lists, that we must know the neighbourhoods and communities where people live. The approach to delivering change through the Three Conversations Model is rapid, dynamic and co-designed. P4C will help us quickly establish innovation sites where we

will learn how to work in this different way and collect the evidence, that it is better for people and families, better for our staff who become more productive and better for our budgets. Over time this approach will have an impact on everything else that we do, including our workforce requirements, our commissioning intelligence and actions, and our links to other parts of the community support system including the housing sector.

8. THE WAY FORWARD

8.1 **General** - The EIJB approved an EHSCP Transformation Change Proposal on 8 February 2019. The thrust of the proposal is 'We need to increase the pace and focus for our transformation and change efforts as a Health and Social Care Partnership. Similarly, we also know we need to make significant improvement within current areas of underperformance – Delayed Discharge, people waiting for care, assessment and review. But, even more importantly, we must increase our efforts as they relate to the wider change in demand, demographics and in order to create and build a sustainable, high quality health and care system for the future in this city. We have an opportunity to recast our offer to the public as an organisation and shape our services to be fit for the 21st Century. This will involve us in thinking and acting in radically different ways and in reframing our relationship with the public, our partners and our staff to deliver a new Edinburgh model of care and support across the city'¹⁸

In preparation for our Strategic Plan, reference groups chaired by EIJB members, conducted detailed work in five areas: older people (ageing well), mental health (thrive), learning disabilities, physical disabilities, and primary care. This work engaged a wide range of stakeholders including citizens, service user representatives, carers, front line practitioners working in statutory and third sector agencies staff, housing colleagues, and the independent sector and was cited by Audit Scotland as an example of meaningful and sustained engagement¹⁹. The outputs from these reference groups have informed the production of this Strategic Plan and have been carefully mapped to the change programme work streams to deliver coherence, prioritisation and to capture aspirations for future planning cycles. Strategic development and planning will continue in service areas out with the change programme. This includes outputs from the reference groups which are already being developed as part of normal business.

To implement EIJB aspirations through this change programme will span several strategic planning cycles. The EIJB Strategic Plan 2019–2022 sets out how health and social care services will evolve in Edinburgh over the next

¹⁸ Transformation and Change – Developing the Edinburgh Model dated 8 February 2019.

¹⁹ Health and Social Care Integration prepared by Audit Scotland dated November 2019.

nine years in outline and the next three years in detail. It applies to all adults in the city of Edinburgh who require health and social care or who are considered at risk. It explains our intention to be the first in Scotland to embrace the Three Conversations Model at scale, as a strategic and cultural framework. It cannot sensibly list everything that the EIJB and partners are planning to do, but it provides the necessary direction and a framework within which to progress. Throughout the lifetime of this Strategic Plan there is much to do, including more detailed planning and commissioning activity produced in collaboration with our partners and stakeholders. The delivery of the Strategic Plan will be the first step on a long journey which will only work if we take the difficult decisions necessary to improve integration and shift the balance of care from acute services towards the community. This will require changes to existing service delivery models and disinvestment in activity which does not align with the Strategic Plan. Redesign must include in-house service delivery as well as those services delivered by the third, independent and housing sectors, working towards holistic service redesign. The change programme contains several projects and initiatives to be completed over the coming and subsequent strategic planning cycles. In outline, over the course of the next three years our focus will be on:

- the development of housing and care models
- further development of a city-wide hospital at home model
- the roll out of the Three Conversations Model
- a redesign of the Edinburgh offer
- a comprehensive bed-based review to include intermediate care (step up/step down) and infrastructure requirements
- a care home model to meet changing needs and potential for a whole system/market response
- making the most of technology-enabled care options and the overall management of equipment.

We must also make sustainable improvement in areas of current underperformance. Our energy will continue to be focused on:

- reducing delayed discharge
- reducing length of stay and days lost to delays
- reducing unplanned admissions and re-admissions to acute hospitals
- reducing waiting times for assessment.

8.2 Implementation and governance - The change programme is part of the EIJB approved direction and has been designed within the construct of the Three Conversations Model supported by enabling activity. These work

streams will be monitored and directed by the EIJB and managed by the EHSCP in two phases. Phase 1 will run out to 31 March 2020 and will be focused on getting organised and aligned to the start of the change programme. GGI will continue to work with the EIJB at the higher level which will include refinement of the supporting sub-committees. P4C will begin working with EHSCP from April 2019 and at the centre of this will be a fortnightly 'making it happen' conference with key leaders and stakeholders from across the structure. The recruitment of additional project managers to underpin the programme will begin to operate from early July 2019 and a range of internal reviews will be initiated. Phase 2 will bring a continuation of the projects within the programme and implementation of agreed actions from projects and reviews that have been completed. Concurrently, the Strategic Plan will be monitored, refined and aligned to the planning for the next strategic cycle 2022-2025 to measure performance and ensure coherence. Throughout the planning cycle Directions will flow from projects to be presented to the EIJB for authorisation.

Phase 1: Prelims and launch (1 July 2019 to 31 March 2020):

- complete Interim Change Group preliminary activity
- initiate P4C guidance and support with the Three Conversations Model
- establish change programme and governance structure
- complete GGI development work with EIJB
- publish redefined Edinburgh offer
- EHSCP structural refresh
- planning cycle review
- performance management review
- review of services
- refine and implement communications and engagement plan.

Phase 2: Continuation and development (1 April 2020 to 31 March 2022)

- continuation of change programme
- extension of P4C support
- implement outcomes from change projects
- implement outcome of planning cycle review
- implement outcome of performance management review
- implement outcome of review of services
- review Strategic Plan and Directions

- preparations for the next strategic planning cycle
- continuation of change programme
- extension of P4C support as required
- production of Strategic Plan 2022-2025.

Build and exploit (beyond 1 April 2022) into the next strategic cycle.

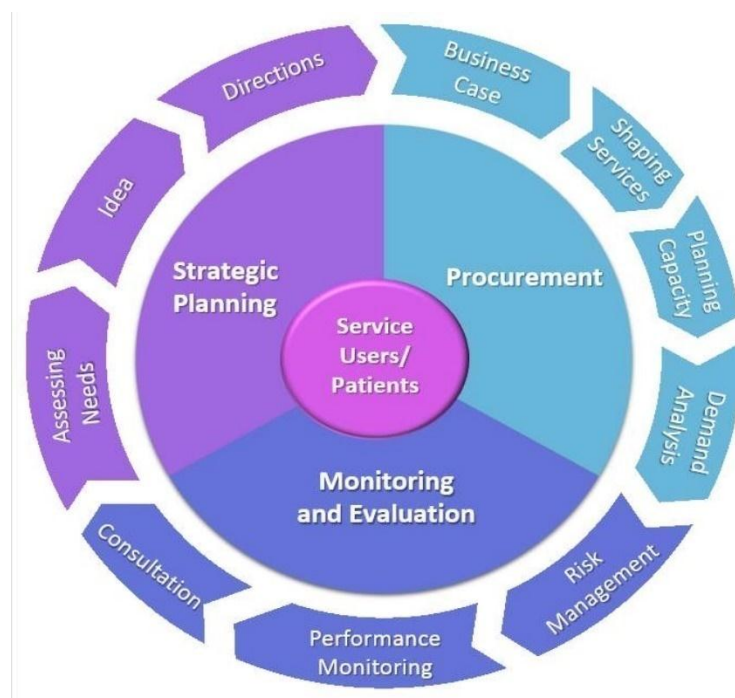
8.3 Change programme work streams - The change programme will commence once the governance structure is in place; initial operating capability expected by summer 2019. The programme has been designed around the Three Conversations Model and a separate strand focussed on enabling activity. The outline scope of the programme is broken down in the table below. A more detailed breakdown by 'conversation' and 'enabling activity' is provided in Appendix 1.

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Conversation 1	Conversation 2	Conversation 3	Enablers
Prevention strategy	Hub Operating Model	Sustainable Community Support	Digital Strategy
Carers strategy	Hospital at Home	Redesign of Bed-Based Care Models to include Internal Care Home Model Redesign	Structure Review
Family group decision making analysis	Service Approaches to Crisis Management	Implications of Royal Edinburgh development Phases 1 and 2	Quality, performance and process management analysis
Review of approach to Grants Process	Adult Support and Protection	Assessment and review	Workforce strategy and cultural development
Technology enabled care	Primary Care Stability and Transformation	Redesign of Learning Disabilities Services	Review of community equipment and housing adaptations
Front door access			Future focused housing analysis
Self-management and resilience			Infrastructure and Support Service analysis
			Contribution based care analysis

9. STRATEGIC PLANNING CYCLE AND DIRECTIONS

- 9.1 **General** - The current strategic planning and commissioning cycle is under review and will be redesigned. The new cycle will take an informed and integrated approach which will consider emerging ideas that support the business need, including outputs from the change programme. It will also consider existing and new direction from the Scottish Government and guidance from the EIJB. An integrated planning conference will be held monthly to fuse planning activity across EHSCP, chaired by the Head of Strategic Planning. Insight will support planning decisions; including demographics, performance management, and financial considerations. The outputs from this conference will shape and direct the development of business cases, some of which will emerge as formal EIJB Directions.



9.2 **Directions** - EIJB Directions for 2019–2022 will emerge from the Strategic Plan and change programme and will be part of the service planning and design phase of strategic commissioning within the strategic planning cycle. This will provide EIJB with the mechanism to action the Strategic Plan and form binding Directions to one or both of the Council and NHSL. In addition, the issuing of EIJB Directions will take place throughout the strategic planning cycle when key strategic and commissioning decisions are made about change, service redesign and investment/disinvestment.

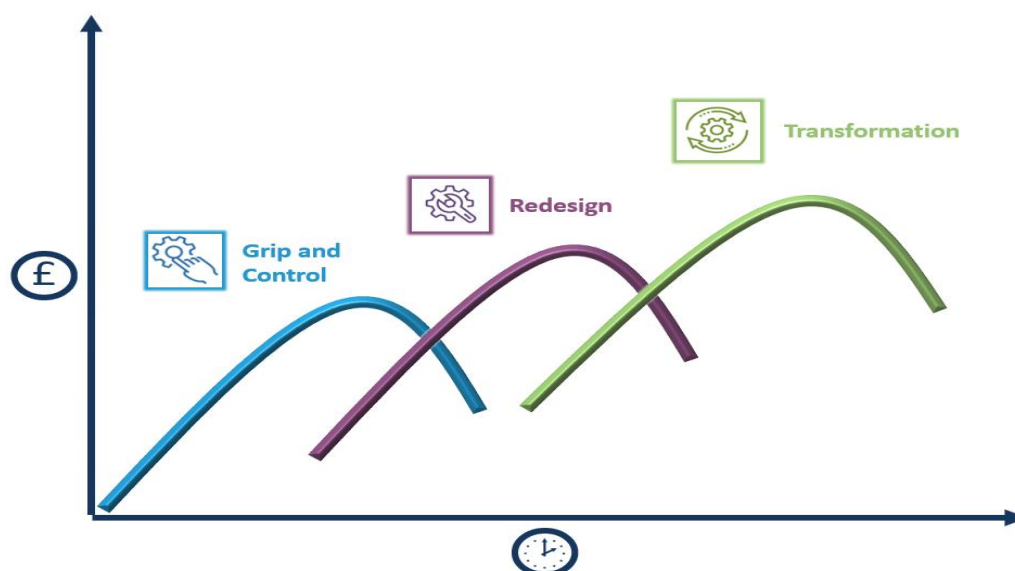
A stocktake is underway on existing Directions for 2016-2019 to decide whether they are open, closed, or superseded by a revised Direction within the next strategic planning cycle. It is anticipated that the issuing of new or varied Directions throughout 2019-2022 will emerge from business case decisions. Business cases will clearly set out funding, expectations, outputs and outcomes for any new Direction issued. This will improve the EIJB ability to monitor the implementation of Directions and measure performance.

10. FINANCIAL PLANNING

10.1 **Financial context** - In an environment of increasing demographic pressures and a growing financial challenge, the ability to redesign services in ways that make the best use of scarce resource will be critical. Aligned with this is the rising expectation from the public that health and social care services should be able to deliver the increased capacity required to fully meet changing needs.

10.2 **How we get our money** - Functions are delegated to the EIJB from the Council and NHSL and the resources associated with these functions form the budgets for EIJB. It then becomes the responsibility of EIJB to deploy these resources in support of the strategic plan. Each year we agree a budget within EIJB, and with our partners in the Council and NHSL. Both our partners have separate budget setting processes, and once concluded, EIJB receives its budget 'offer' from each partner for the forthcoming year.

10.3 **The financial challenge** - As the resources available to EIJB flow through the Council and NHSL, the financial constraints facing these organisations are equally relevant for the EIJB. There is no doubt that, given the financial constraints that the Council and NHSL face, both now and in the medium term, we will have a recurring financial challenge to address. In this environment, achieving financial balance will require a focus on service redesign within the overall financial envelope. Our change programme is encapsulated within this Strategic Plan, but while we think about change in the medium to longer term, and while we put in place the programme and engage with our teams and stakeholders on our plans, we also have to make savings now and across 2019-20. Our approach is to focus in the immediate term mainly on 'grip and control' measures. In the medium to longer term, we are confident of achieving efficiencies that assist in delivering financial balance through redesign and outputs from transformation through the change programme. The broad approach is set out in the following schematic:



10.4 **Our financial plan**- The Council formally agreed its budget on 21 February 2019. The NHSL financial plan will be considered at the board meeting on 3 April 2019. The draft financial plan for the EIJB is therefore based on the best information currently available. The initial assessment of the financial plan for 2019-20 identifies a budget for EIJB of £660 million and projected spend of £684 million; generating a savings requirement of £24 million, or 3.6%. This level of efficiency, set against a background of

increasing pressure on services, is clearly a challenge for EIJB. The table²⁰ below summarises the position.

	Council	NHS Lothian	Total
	£ million	£ million	£ million
Delegated resources	211,932	448,118	660,050
Anticipated cost of delegated services	228,326	456,041	684,367
Projected savings requirement	16,394	7,923	24,317

11. MANAGING PERFORMANCE

- 11.1 **General** - Performance reporting should be structured to inform local decision making at all levels of the E IJB and EHSCP. It should be our primary means of how we inform relevant stakeholders about how well we are performing against our stated priorities and how we measure ourselves against delivery of national indicators. Our current reporting, though well established, is largely reflective of the pre-integration Council and NHS data and analytical support structures; with social care and health data largely analysed separately, rather than forming part of an integrated performance and reporting framework.
- 11.2 **Integrated Framework** - Developing a more integrated approach to social care and health data will help us to use data more effectively and support more informed decision making. We are committed to developing a new, more collaborative performance reporting framework, and are engaging stakeholders from the Council and NHSL, NHS National Services Scotland Information Services Division and the Scottish Government, to determine what this should look like for Edinburgh. Our vision is to ensure that strategic and operational decisions are made based on a fully informed position that will ensure that outcomes for service users are comprehensively monitored and improved.
- 11.3 **Continuous Improvement** - As part of the change agenda we seek to develop a culture of continuous improvement. Refining the performance framework will allow us to revisit the areas that are measured to ensure we are capturing the most relevant and useful data. Managing risk, quality assurance, compliance and internal audit activity all play a role in continuous development. Engagement and collaboration is also central in generating a culture of ownership and responsibility and driving out nugatory activity.

²⁰ EIJB 2019/20220 Financial Plan dated 29 March 2019

12. APPENDICES

12.1 Appendices:

1. Change Workstreams by Conversation and Enabling Activity.
2. Housing Support Statement.
3. EIJB Strategic Framework on a Page

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Appendix 1 - Workstreams by conversation and enabling activity

TABLES REMAINS UNDER DEVELOPMENT

Conversation 1: Listen and connect (access, wellbeing and prevention)

Project area	Current status	Action and tasks	Strategic priority	Phase
Prevention strategy	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Work is underway to map existing short-term services and to update Red Book.</p> <p>Disabilities: health and wellbeing</p> <p>From Thrive:</p> <ul style="list-style-type: none"> • Inclusive Edinburgh • Green to Go • Game Changer • arts programme. 	<p>Analysis to include:</p> <ul style="list-style-type: none"> • community investment and capacity building • recovery hubs • Mental Health Link workers • working with third sector partner organisations • development of befriending services • public health • day care model • community directory and website approach. 	1, 2, 3, 4, 5, 6	1
Carers strategy	Draft Carers' Strategy for EIJB approval on 29 March 2019.	Implementation of proposals. Link to prevention strategy. Monitor, report and adjust	1, 2, 3, 6	1
Self-management and resilience	Well established planning group with all eight further and higher educational institutions established. Training in Prospect IPC delivered to Edinburgh College and Heriot Watt.	Improve the pathway for students across colleges and universities to access care and support statutory services. (2.00 WTE staff members and time limited targeted initiatives).	1, 2, 3, 4, 5	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Family Group decision making (FDGM)	FGDM mainstreaming options to be scoped into new structure.	Review existing team and methodology and consider options for mainstreaming.	1, 3, 6	1
Review of approach to grants programme	Scoping exercise to be carried out to define the parameters of the project.	Review to ensure alignment with Prevention strategy.	1, 4, 5	2
Technology enabled care (TEC)	Scoping exercise to be carried out to define the parameters of the project.	Review provision of TEC and align with Prevention strategy. Use the SMART house as a show case for new technologies.	1, 3, 4, 5, 6	1
Access and case-finding	Scoping exercise to be carried out to define the parameters of the project. Population increase to be monitored to ensure capacity for predicted additional rise of 5000-6000 per annum. Funding secured as part of UK Living Well Collaboration to deliver minimum of four Thrive sites with open access by October 2020.	Analysis to include: <ul style="list-style-type: none"> • community navigation • community hubs / one stop shops • community navigation, social care direct and developing early intervention strategies to support signposting and self-management • engage GPs to identify those in need of prevent activity • infrastructure (capital spend) requirements • LEGUP grants. 	1, 3, 6	2

Conversation 2: Work intensively with people in crisis (crisis intervention, short term and acute services)

Project area	Current status	Action and tasks	Strategic priority	Phase
Hub operating model	<p>Work ongoing with Hub managers and acute sites to ensure responsive operating model which delivers on our key targets.</p> <p>Scoping work continues.</p> <p>Older people: reablement efficiency</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • alignment to flow centres • palliative care model • prevention of admission (community and hospital) • hospital interface (acute receiving units) • discharge to assess. 	3, 4, 5, 6	1
Hospital at home	<p>Current model to be reviewed. Intent remains to provide a city-wide service which is equitable and sustainable.</p> <p>Initial review of current model to begin in April 2019</p> <p>Scoping work continues.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • benchmarking of service delivery options • rationalisation of current environment of specialist teams operating independently within communities. 	1, 3, 4, 5, 6	1
Service approaches to crisis management	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Mental health hubs to provide major increase in response to crisis management not able to be contained in primary care.</p> <p>Increased capacity in selected practices (17 to date) reducing referrals to acute mental health services.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • community and clinical crisis management, respite and emergency care home places • support to three conversations ethos and interface between conversations 1 and 2 • to be developed in work with P4C. • support on assessment from the primary care evaluation post. 	3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Adult support and protection	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: redesign of ASP governance model to ensure streamlined, focussed care for individuals in crisis.	1, 3, 4, 5, 6	1
Primary care stability and transformation	<p>Primary care to focus on 1% of patients who account for 10% of workload, 5% who account for 25% etc.</p> <p>Primary care to review admissions from each practice as PCIP investment rolls out (impact building from 2020 onwards).</p>	<p>Information being gathered to inform cluster focus (generic not solely GMS cluster).</p> <p>PCIP resource to be agreed with each practice alongside anticipated changes in pattern of service response.</p>	1, 3, 6	1

Conversation 3: Build a good life (long term care, complex care, accommodation and bed-based care)

Project area	Current status	Action and tasks	Strategic priority	Phase
Sustainable community support	Scoping exercise to be carried out to define the parameters of the project.	<p>Analysis to include:</p> <ul style="list-style-type: none"> • south west Edinburgh pilot to be assessed for impact on demand • review of home-based care models including contracts • networks of local organisations to be focussed on loneliness in older people • integrate efficiency proposals for Care at Home, responder service and provider uplift. 	3, 4, 5, 6	1
Redesign of bed-based care models	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Initial review to begin in April 2019</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Care Homes. • HBCCC. • Interim and intermediate care, and step up / step down. • Emergency places. 	3, 4, 5, 6	1
Royal Edinburgh Phases 1 and 2	<p>Phase 1 complete</p> <p>Phase 2 business case due summer 2019</p>	Operating model to be designed.	1, 3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Overnight support offering	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: <ul style="list-style-type: none"> • Sleepover/responder service. • Overnight home care. • Continence support. • District nursing. • Emergency home care. • ATEC 24 support. 	1, 3, 4, 5, 6	1
Redesign of learning disability services	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: current and emerging policies, staffing model and support services, transition from children to adult services.	1, 2, 3, 4, 5, 6	1

Enabling action: Cross-cutting activities essential to the delivery of the Strategic Plan

Project area	Current status	Action and tasks	Strategic priority	Phase
Digital strategy	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Lean and agile data cleansing project due to complete June 2019.</p> <p>SWIFT replacement being developed. Implementation expected in the next two to four years.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • digital access to services • community directory • SWIFT/AIS development and implementation strategy • integration of health and social care systems and interoperability • webroster • intelligent automation. 	1, 4, 5	1
Structure review	<p>Scoping exercise to be carried out to define the parameters of the project.</p>	<p>Analysis will initially cover a structural refresh leading to alignment to supporting the three conversations framework.</p>	4, 5	1
Quality, performance and process management	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Performance management framework is being reviewed. A series of workshops with broad stakeholder engagement to follow.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • data quality and compliance • process redesign for non-Three Conversations Model areas • performance monitoring and approaches to reporting; dashboards, scorecards, KPIs. 	4, 5	2

Project area	Current status	Action and tasks	Strategic priority	Phase
The Three Conversations Model	Scoping exercise to be carried out to define the parameters of the project. Engagement of P4C complete and start date confirmed for 17 April 2019.	Analysis to include: <ul style="list-style-type: none"> • required support to P4C, identification of innovation sites and workshops • changes to existing processes including contracts, IT and reporting • access to budgets and monitoring arrangements • framing the Edinburgh offer • communications and engagement. 	1, 2, 3, 4, 5, 6	1
Workforce and cultural development	Scoping exercise to be carried out to define the parameters of the project. A workforce strategy is under development.	Analysis to include: <ul style="list-style-type: none"> • coherence with workforce strategy • staff engagement • staff development • building a partnership ethos and culture. 	2, 4, 5	1
Review of community equipment and housing adaptations	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: <ul style="list-style-type: none"> • streamlining processes • storage, maintenance and delivery options • engagement with housing official. • care model options. 	1, 2, 3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Future focused housing	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Commission from the Council 30 new homes a year to be ringfenced for people with a physical disability. Of which four of these should be able support people with bariatric needs.</p> <p>We will commission through the Council 15 care home beds for adults with neurological conditions who are under 65 years of age. There will include two beds to offer respite.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • sustainable housing and community planning • care village models/extra care housing options • safe places – dementia care. <p>Work with 21st Century Homes, housing partners to deliver specified number of tenancies. Review progress at six monthly intervals.</p>	1, 2, 3	1
Infrastructure and Support Services	<p>Scoping exercise to be carried out to define the parameters of the project.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • development of a coherent EHSCP approach to support services: <ul style="list-style-type: none"> • business support • finance • performance • data and ICT • policy. 	4, 5	1
Contribution Based Care	<p>Scoping exercise to be carried out to define the parameters of the project.</p>	<p>Analysis of charging policy options.</p>	4, 5	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Prescribing management	Continue to support prescribing activity to maintain high cost containment performance combined with safety and clinical excellence	<ul style="list-style-type: none">• delivery of Edinburgh share of combined £4 million saving programme• in addition, monitor effectiveness of additional 'spend to save' investments being implemented across Lothian and within localities.	1, 3, 6	1

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Appendix 2 - Housing Contribution Statement to support Edinburgh Health and Social Care Partnership Strategic Plan 2019-22

Introduction

The purpose of the Housing Contribution Statement (HCS) is to set out the role and contribution of the local housing sector in supporting the draft Strategic Plan 2019-22 priorities.

The final HCS will be published as part of the final Strategic Plan following the consultation phase. The final HCS will be action-focused, responding to agreed strategic priorities. Edinburgh Affordable Housing Partnership members have provided initial feedback which supports inclusion, or strengthening, of the following key areas:

- homelessness and housing support
- technology
- adaptations
- moving from hospital to community-based living
- step-down accommodation
- shared evidence
- new build housing
- role and engagement of private housing sector
- collaboration between housing partners at city-wide and locality level.

The Scottish Government's Housing Advice Note on housing and integration (2016) sets out the requirement to have a HCS as an integral part of Strategic Plans. The Edinburgh Integrated Joint Board (EIJB) draft Strategic Plan 2019-22 identifies housing as a key cross-cutting theme and enabler. Housing related activity supports the strategic priorities and the seven supporting principles.

The HCS which supported the Strategic Plan 2016-19 was set out under the three themes of 'supply, services and community'. These themes remain relevant to the principles outlined above and help to reflect the wide range of housing-related activities which have a significant impact on health and wellbeing:

- **more homes (supply):** increasing the supply of new energy efficient homes and investing in existing homes to meet people's health needs
- **integrated services:** providing a wide range of services to help people live independently at home or in a homely setting
- **caring community:** providing services at local level, building strong relationships with customers, communities and partners to tackle inequalities.

Governance

The Housing, Health and Social Care Forum, which sits within the EIJB governance structure, is tasked with ensuring progress is made on delivering the housing commitments and progressing joint work which supports health and social care priorities and service improvements. For example, housing's role in helping people to live independently through the provision of support, technology and adaptations as well as meeting needs through provision of accessible homes. The Edinburgh Affordable Housing Partnership (EAHP) Health and Social Care Sub Group also brings together health and housing partners, including those involved in the commissioning and service delivery for housing, to discuss priorities and contribute to specific projects. The EAHP group is also the forum which provides the housing representative for the EIJB's Strategic Planning Group.

Housing sector representatives have also been involved in the reference groups and working groups over the past year. The outputs of which have fully informed the draft Strategic Plan 2019-22.

The Local Housing Strategy (City Housing Strategy in Edinburgh) is a local authority's strategic document for housing and housing services. It covers all housing tenures. The City Housing Strategy (CHS) 2018 has three outcomes:

- people live in a home they can afford
- people live in a warm, safe home in a well-managed neighbourhood
- people can move home if they need to.

The significant investment in new affordable homes and in improving existing homes continues to provide an opportunity to better support the needs of older people and people with complex health needs as the population grows and demand on services increase, as outlined in the Edinburgh Health Information section of the draft Strategic Plan.

Housing in Edinburgh

There are some unique and significant housing challenges within Edinburgh. There are high housing costs and a high need for affordable housing. The housing market is expected to come under increasing pressure as the city grows at a faster pace than elsewhere in Scotland.

The latest Housing Needs and Demand Assessment (HNDA2) states that there is demand for between 38,000 and 46,000 new homes in Edinburgh over 10 years; over 60% of these homes need to be affordable.

Nationally (Scotland), housing tenure is made up of 61% owner occupation, 25% social rent and 14% private rent. In Edinburgh owner occupation represents 59%, social rent is 15% and private rented is 26%, double what it was in 2003.

Over 21,000 people in the city are registered for social rented housing through EdIndex, the Council's common housing register, with an average of 190 households bidding for every social rented home that becomes available for let. In 2017/18, 70% of Council lets in Edinburgh went to homeless households, alongside 41% of Registered Social Landlord lets (compared to the Scottish average of 41% of Local Authority lets and 26% of RSL lets to homeless households).

Supply

New Homes

There is a renewed commitment from the housing sector that 4,500 of the 20,000 new affordable homes planned for the city over the next 10 years will support health and social care priorities. Understanding how we make best use of existing housing to support health and social care is also an important factor.

The delivery of the Affordable Housing Supply Programme (AHSP) is managed by the Council's Housing Service. Forward planning of this programme is done formally through the production of the Strategic Housing Investment Programme (SHIP) which is approved annually by the Council's Housing & Economy Committee for submission to Scottish Government. The SHIP sets out the approach by the Council and its housing association partners to investing in new affordable housing in the city over a five-year period and can be used to help identify joint opportunities for development, allowing enough time for plans to be developed to provide homes to meet particular needs in the right places.

Health and social care partners are increasingly involved in the SHIP planning process, with discussions taking place between health and social care strategic commissioning leads and locality teams on the provision of new homes for people with learning disabilities and on new Council led housing developments where older people's housing is planned, for example. There is a commitment to work jointly to ensure appropriate housing is available for older people, in relation to both new and existing homes. There is also an identified requirement for specific core and cluster accommodation over the next three years.

Shortage of affordable housing impacts on the ability of services to recruit and retain workforce. Edinburgh has the largest mid rent house building programme in Scotland. In 2018 the Council established two Limited Liability Partnerships (LLPs) to provide housing for mid rent and market rent. Mid rent housing can be an option for some people working in health and social care services who cannot afford to buy a home or rent on the open market. The Edinburgh Living LLPs are expected to deliver around 1,500 homes over the next five years.

Since 2016-17 there have been 303 housing completions from the Affordable Housing Supply Programme that have directly contributed towards health and social care outcomes. This is set against an overall combined completions target of 1,094 from these two years.

T MDF - Specialist Housing Completions

Type Of Specialist Housing	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	Total Number
Level Access	110	130	260	245	321	138	91	66	1121
Specialist other (Veterans)		4			5	2			7
Older Persons / Amenity	23	8	46	42	63				151
Wheelchair	20	8	14	32	66	136	119	111	478
Totals	153	150	320	319	455	276	210	177	1757

2018/19 Approvals

Type Of Specialist Housing	Total Number
Level Access	248
Specialist other (Veterans)	0
Older Persons	31
Wheelchair	84
Totals	363

Affordable Housing Completions %	2016/17	2017/18
Total AHSP Completions	471	623
Level Access	23	21
Specialist other (Veterans)	0	1
Older Persons / Amenity	5	1
Wheelchair	4	1
Totals	32	24

Around 9% of the homes in the first two years of the current SHIP (2019-24) are specifically designed for older people and those with complex needs. This includes amenity and supported housing, fully wheelchair accessible homes, housing for veterans and letting properties to care providers to enable people to receive support in their own homes.

It is important to note that the majority of new build properties funded through the Affordable Housing Supply Programme are designed to meet the Housing for Varying Needs Standard. Many properties delivered through the AHSP are therefore accessible for people of limited mobility and older people, meaning specific housing requirements can often be met through allocation of a standard general needs property.

One of the big challenges to delivering new affordable homes is securing sites for development. The other key element to support the SHIP beyond 2021 is securing additional grant funding to support the house building programme.

In recognition of the land supply challenge the Edinburgh Partnership Community Plan 2018-28 includes commitments to:

- maximise the land to deliver affordable homes
- maximise the value and outcomes from Edinburgh's public sector estate and deliver opportunities for accelerated investment through strategic partnership and review of public sector assets.

Existing homes

The Council continues to invest in improving its homes, particularly to make them more energy efficient and cheaper to heat (something Council tenants have highlighted as a priority). The Council wants to ensure all homes meet the Scottish Government's Energy Efficiency Standards for Social Housing (EESH) by December 2020, a standard which RSL partners will also seek to meet. The Council is seeking to go beyond this standard and achieve an Energy Efficiency Rating of C or above, where possible.

As part of the work around older people's commission plan, a steering group has been set up to take a collaborative approach to reviewing supported (sheltered) housing within the Council's ownership and associated digital support.

Services

Building affordable, more accessible and energy efficient homes makes a significant contribution to supporting health and social care priorities. However, the housing contribution through making best use of existing homes and the provision of preventative support (and care) services, helping people to live independently at home or in a homely setting and helping to prevent unscheduled admissions to hospital and delayed discharge from hospital is equally important. Examples of preventative services provided by housing organisations to support independent living include: housing support services, technology based services, digital inclusion services, benefits and welfare rights advice, energy advice, tenancy sustainment services and the provision of integrated care and housing. When integrated with health and social care services this can make a valuable contribution to outcomes for individuals as well as helping to reduce costs related to long-term stays in hospital for example.

Housing and Health and Social Care partners have had further discussions on the role of step-down housing. This builds on work of the Delayed Discharge Matching Group, set up to improve the processes for discharging patients delayed in hospital due to housing, and to reduce the time taken to assist them to secure alternative, suitable housing. Access to more step-down accommodation should enable the discharge of more patients on an interim basis, providing them with a more suitable place to live while they wait for suitable permanent re-housing.

A smart demonstration home, formally opened in Longstone in December 2018, has been set up by EHSCP in conjunction with Blackwood Homes and Care. This supports the increasingly important role technology is playing in helping people to live independently at home. The smart home showcases the latest technologies available to support independent, where staff and residents can test out what is available in a realistic, well-designed environment.

Adaptations

The responsibility for planning and resourcing some adaptation provision is a delegated function under the Public Bodies (Joint Working) (Scotland) Act 2014.

However, the Act and accompanying regulations do not prescribe the delivery arrangements for adaptations – this is decided locally.

Currently, the assessment of the need for aids or the adaptation of a property is carried out by EHSCP. Where an adaptation for a Council property is required these adaptations are project managed by the Council's Housing Property Team. This team also manage the grant process for adaptations to private sector homes.

Where the adaptation is to the home of a Council tenant it is funded by the Housing Revenue Account (HRA), a ring-fenced account. Adaptations for homeowners and private tenants' homes are supported by grant funding from the General Fund Capital Investment Programme. The duty to provide grants of 80% or 100% for those living in the private sector, who are assessed as needing adaptations, is still in place under the terms of the Housing (Scotland) Act 2006 but the duty is delegated to the IJB.

Funding for adaptations in the homes of Registered Social Landlord (RSL) tenants is supported by Scottish Government grant, managed by the Council's Housing Service as part of the management of the Affordable Housing Supply Programme (AHSP). This is not delegated to the IJB.

Joint work is being progressed through the Housing, Health and Social Care Forum to review the delivery of adaptations and resources required to ensure the service can meet customer needs going forward. This builds on joint work to improve service delivery as discussed at the Edinburgh Equipment and Adaptations Partnership meetings which involve housing and health and social care staff, particularly Occupational Therapists, who are responsible for day-to-day delivery of the current service.

In 2017/18, 142 major adaptations were carried out in Council homes, alongside almost 700 minor adaptations, with a total spend of £750,000. 286 grant payments were made to fund private sector adaptations, with a spend of just of £1 million. Funding of £600,000 was provided to registered social landlords for 317 adaptations. The budget for private sector grants in 2018/19 was set at £1.086 million.

The final HCS should include agreed adaptations budgets for 2019-20.

Homelessness and Housing Support

Homelessness and Housing Support functions (with the exception of housing support services in so far as they relate to adults with social care needs) are not delegated to the IJB. However, there are key links with services provided by EHSCP, particularly for people with more complex needs.

A key area of work for homelessness services and partners is responding to the recommendations from the Homelessness and Rough Sleepers Action Group (Homelessness and Rough Sleeping Action Group (HARSAG) set up October 2017 to recommend to Scottish Government Ministers the actions and solutions needed to:

- eradicate rough sleeping
- transform the use of temporary accommodation in Scotland
- bring about an end to homelessness in Scotland.

70 recommendations from HARSAG have been accepted by the Scottish Government with local authorities and partners to work towards recommendations in tandem with production and implementation of Rapid Rehousing Transition Plans (RRTPs). First drafts of costed RRTPs were submitted to Scottish Government by the end of December 2018, with implementation of the five-year RRTP from April 2019.

The overarching approach to ending homelessness is covered in the Scottish Government's Ending Homelessness Together Action Plan, published in November 2018. This continues to have a strong focus on prevention of homelessness.

Where homelessness cannot be prevented, rapid rehousing means:

- a settled, mainstream housing outcome as quickly as possible
- time spent in any form of temporary accommodation reduced to a minimum, with the fewer transitions the better
- when temporary accommodation is needed, the optimum type is mainstream, furnished and within a community.

And for people with multiple needs beyond housing:

- Housing First is the first response for people with complex needs and facing multiple disadvantages
- highly specialist provision within small, shared, supported and trauma informed environments if mainstream housing, including Housing First, is not possible or preferable.

Homelessness presentations in the city have been decreasing due to the focus on homelessness prevention, but pressures on temporary accommodation have increased due to the length of homeless cases, caused by the limited settled housing options relative to the scale of demand. The Council currently allocates 70% of all its lets to homeless households, significantly higher than the average of 41% for Scottish local authorities. Housing associations also let around 41% of homes to homeless households, which is, again, higher than the Scottish average of 26%.

The draft RRTP submitted to Scottish Government highlights the significant shortfall of settled housing available for all housing needs groups in the city, including homeless households. The draft RRTP outlines the Housing First approach which is being taken forward in Edinburgh, which will require continued joint working and resourcing from EHSCP.

Community

Housing organisations, including the Council's Housing Service, have excellent connections within communities across Edinburgh. There is a strong track record of working with tenants and local communities, delivering a wide range of services to help people live independently at home and connect with their local communities. This includes the way housing teams work locally and the increased focus on placemaking in relation to new developments.

The draft Strategic Plan outlines that improving the way people are supported in communities requires changing the way people access services. The importance of clear and transparent information on the services available to support people in their communities is highlighted. Strengthening relationships with local housing teams and linking in to local projects and advice services managed by housing associations for example can help to support this shift.

Housing's contribution to the work conducted by the Thrive Edinburgh Partnership stakeholder group is also important, including A Place to Live and Closing the Inequalities Gap. Also, options to support the Wayfinder model, development and mainstreaming of the Housing First model, as well as provision of improved green space, which can be supported through the focus on placemaking in the delivery of new affordable homes.

Next steps

The final HCS will be drafted following the wider consultation on the draft Strategic Plan, articulating housing's role in supporting the EIJB's strategic priorities. It will be action-focused to ensure that the housing needs of all client groups are met.

This draft HCS sets out housing's input to health and social care priorities through involvement of housing representatives within EHSCP's governance structure and there is scope to build on joint working over the next three years in localities and on specific projects and key areas of work.

This includes:

- provision of new affordable homes to meet needs of older people and people with health needs.
- progress joint work on improving delivery of adaptations (through Housing, Health and Social Care Forum)
- implementation and mainstreaming of Housing First approach as part of Inclusive Edinburgh Homeless service and further development of rapid rehousing transition plan
- participation on steering group to reviewing supported (sheltered) housing within the Council's ownership and associated digital support.

Other areas could include:

- strengthening housing input into ongoing workforce strategy

- involvement in ongoing work to scope and support implementation of improvements to dementia assessment and services pathways, as outlined in Ageing Well Commissioning Plan. Work undertaken nationally by the Chartered Institute of Housing in Scotland in 2016-17 should help to inform this. The provision of dementia friendly housing is also referenced within the Ageing Well CP.
- increased focus on the role of private sector housing in supporting health and social care priorities, given that social rented housing is only 15% of housing stock within the city.

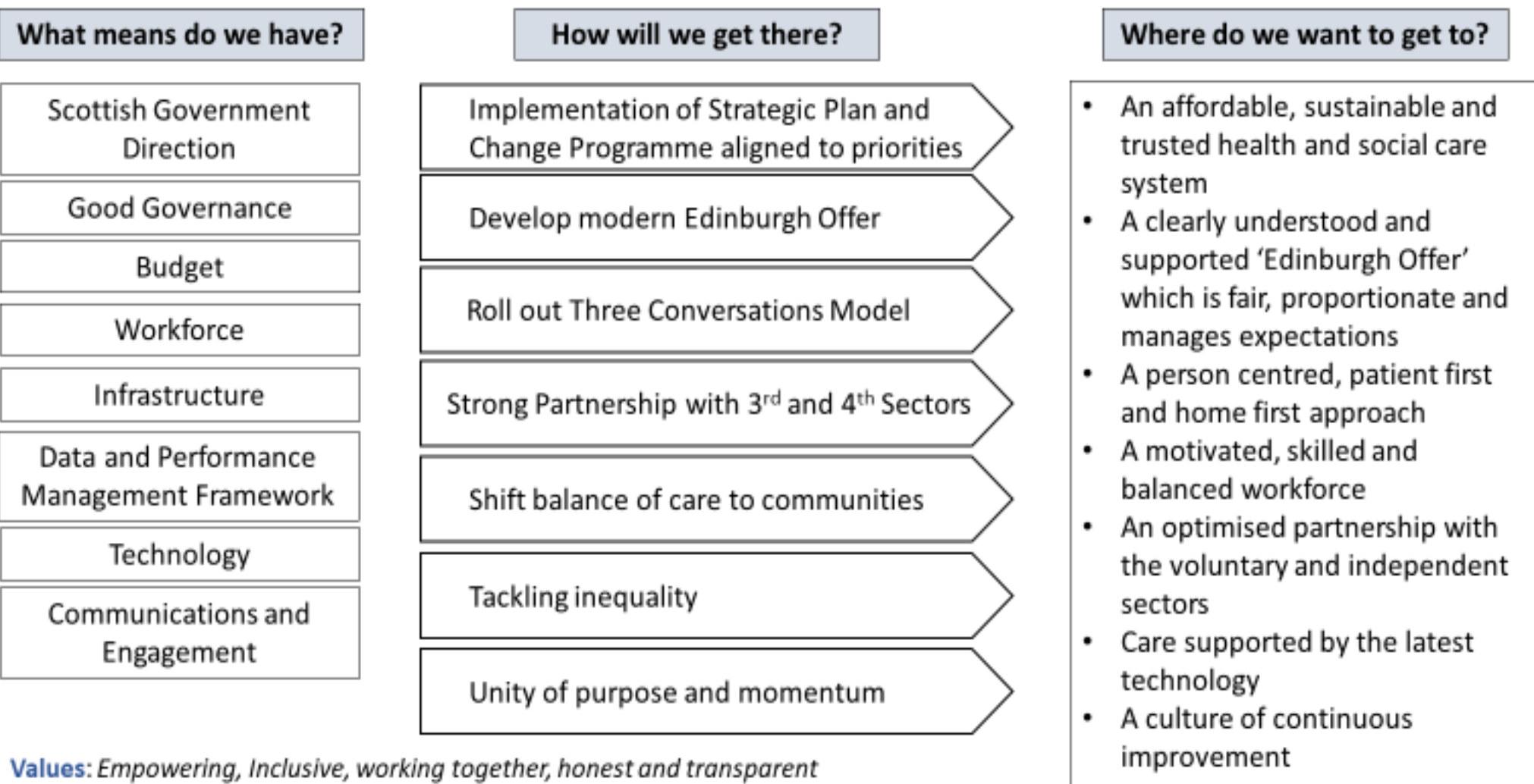
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Housing in Edinburgh

- Edinburgh does not have an adequate affordable and social housing supply. The latest Housing Needs and Demand Assessment (HNDA2) states that there is demand for between 38,000 and 46,000 new homes in Edinburgh over 10 years; over 60% of these homes need to be affordable.
- Over 21,000 people in the city are registered for social rented housing through EdIndex, the Council's common housing register, with an average of 190 households bidding for every social rented home that becomes available for let. Around 70% of Council lets in Edinburgh go to homeless households, alongside 41% of RSL lets. This compares to the Scottish average of 41% of local authority lets and 26% of RSL lets to homeless households in 2017/18.
- Around a third of people presenting as homeless are in employment.
- Nationally (Scotland), housing tenure is made up of 61% owner occupation, 25% social rent and 14% private rent. In Edinburgh owner occupation represents 59%, social rent is 15% and private rented is 26%.
- Since 2000, the proportion of households in the PRS in the city has doubled. Younger households are the main age grouping in PRS with 69% of tenants under 35 years old.
- The average advertised monthly private rent in Edinburgh is currently £1,087 compared to a national average of £799. Over the last year Edinburgh has experienced average annual rental growth of 4.8% compared to national average annual rental growth of 1.3%.
- The average house price is six times the average gross annual earnings in the city, making it least affordable city in Scotland to buy a home (Bank of Scotland 'Affordable Cities Review' 2017).
- Edinburgh has the oldest housing in Scotland, with almost half (48%) of homes built before 1945 (SHCS 2013-15), posing significant challenges on upgrading homes to modern standards and improving energy efficiency of homes to tackle fuel poverty. Almost two thirds of all homes in Edinburgh are flats, increasing the challenges in relation to maintenance and improvement of communal areas. Over half of all Council homes are in mixed tenure blocks.

EIJB Strategic Framework On a Page

Principles: Home first, Integration, Engagement, Respect, Fairness, Affordable and Sustainable, Safer



Values: Empowering, Inclusive, working together, honest and transparent

Vision: To deliver together a caring, healthier and safer Edinburgh