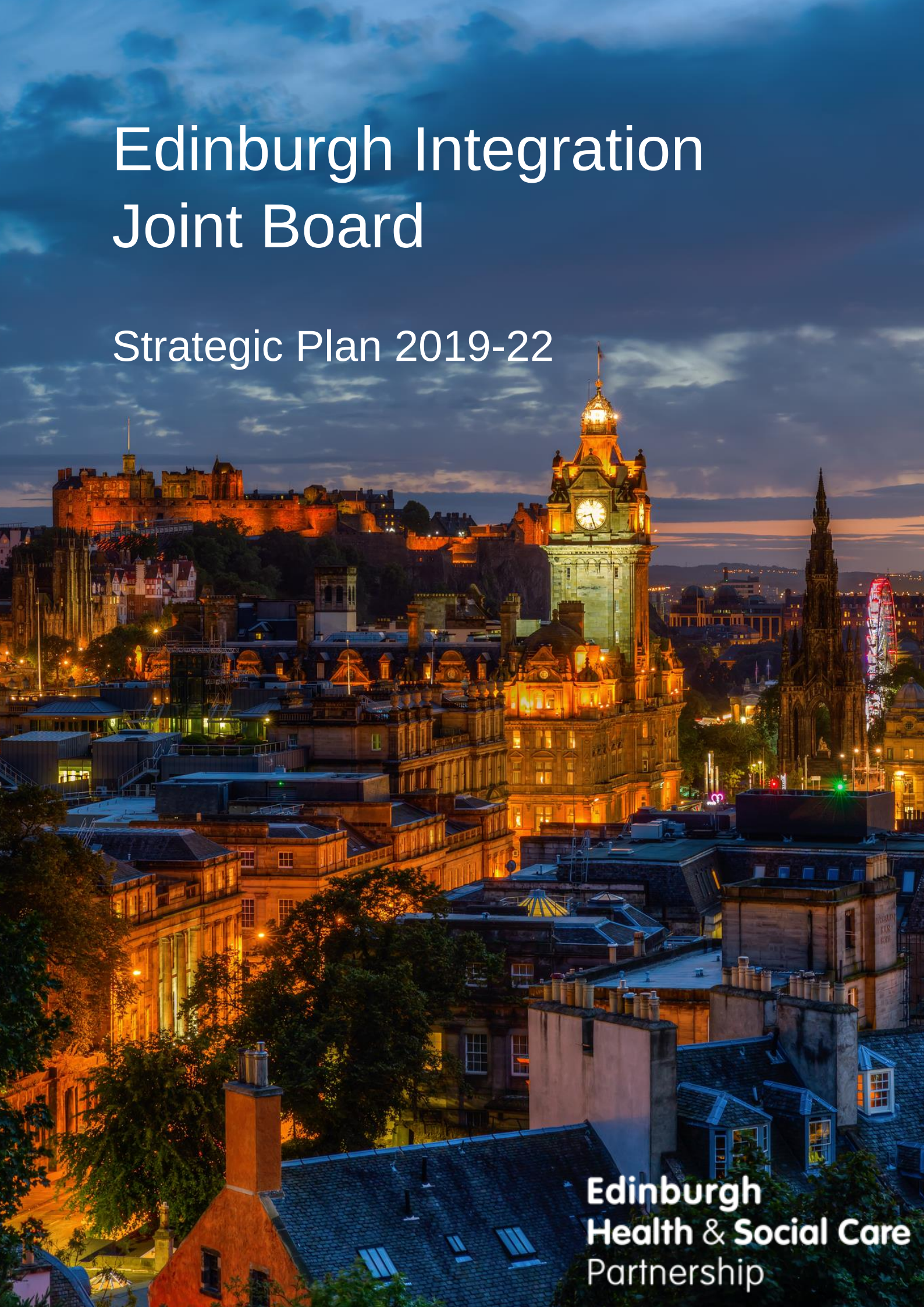
Edinburgh Integration Joint Board

Strategic Plan 2019-22



Edinburgh
Health & Social Care
Partnership

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Foreword

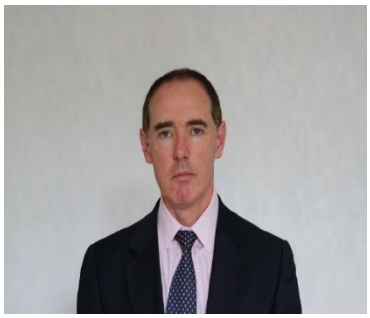
The Edinburgh Integration Joint Board (EIJB) Strategic Plan for 2019-2022 continues the journey to improve outcomes for people through the integration of health and social care in the city. Over the past three years, the EIJB has established itself as a Board, and developed its ambitions and priorities for change and improvement in the services delegated to it by its partner organisations NHS Lothian (NHSL) and the City of Edinburgh Council. We have made steady progress across a wide range of services and in improving performance but know there remains much to do.

In developing our Strategic Plan, we have remained focussed on our core strategic priorities whilst aiming to be innovative, inclusive and pragmatic. In the first two years of this planning cycle we will focus on four central elements that are mutually supporting. We will define a modern Edinburgh Offer between health and social care providers and our citizens, we will adopt the Three Conversations approach to facilitate and support people who need our help and empower our staff, we will continue to shift the balance of care from hospital services to the community under the banner of Home First and we will initiate a transformation programme which will focus on a broad range of services aimed at rapid redesign.

We acknowledge the skill and dedication of our staff and all those who work to support health and social care in the city, including those from the voluntary and independent sectors and the many unpaid carers within our society. They are all central to delivering high standards of care and enhancing well-being. To support them, in the coming months we will implement our Carers' Strategy, develop further our Workforce Strategy and begin transformation.

Our new Strategic Plan is underpinned by extensive engagement with health and social care professionals, the housing, third and independent sectors, academics, carers and broad representation from the citizens of Edinburgh. We have taken account of your observations from the consultation period and we aim to maintain and improve our level of engagement internally with health and social care professionals and externally with our partners and the citizens of Edinburgh.

Together, with your support, we can transform health and social care provision into a sustainable model for Edinburgh. We will continue to face challenges in the years ahead, but our Strategic Plan sets an ambitious direction of travel, which seeks to build on our strengths, identify those areas where we need to improve and then work together with our partners to provide the best possible health and social care outcomes for the citizens of Edinburgh.



Chair
Edinburgh Integration Joint Board

Chief Officer
Edinburgh Integration Joint Board

Executive summary

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 series of planning cycles in outline and the next planning cycle in detail[1]. 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 embrace the Three Conversations approach at scale and provides a direction of travel and strategic framework within which to progress.

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, which included the Edinburgh Affordable Housing Partnership, have informed the development and production of this Strategic Plan and recommendations have been carefully mapped to the transformation programme work streams to deliver coherence, prioritisation and to capture aspirations for future planning cycles.

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 structures, improve planning, budget setting and commissioning activity, and we will define our Edinburgh health and social care 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.

By involving our partners in the design of our performance and quality systems, we can provide effective access for service users and build on the strong foundation of

[1] Aligns to three year recurring strategic planning cycles.

the ‘good conversations’ approach. It will require cultural change, more integration 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.

We will advance our transformation 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.

Vision, intent and strategic framework

Vision

The EIJB vision remains to deliver together a ‘caring, healthier and safer Edinburgh’.

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 programme starting in autumn 2019. We will enhance our efforts in prevention and early intervention to support independence and tackle health inequality. We seek to listen and hear, reduce bureaucracy, reduce waiting lists and assist people to remain at home or in a homely setting for as long as they can. Moving the balance of care from acute hospital services to the community and home under the principle of Home First. Working closely with our partners including housing providers and the voluntary and independent sectors, we seek to optimise all available resources in the community and to support and enhance our locality framework. We will redefine the Edinburgh health and social care Offer, and in so doing, seek to align expectations to a modern reality; balancing demand more effectively to capacity.

We will strive to ensure we support 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, market facilitation approach and ways of working. We will make best use of existing and emerging technology and the Three Conversations approach 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 and playing our part in delivering and supporting personal, family and community resilience.

Strategic framework

To support the EIJB intent, a strategic framework has been designed that will be reviewed annually and will guide us over the next series of planning cycles. The framework is captured in the one-page schematic at appendix 1 and is summarised below:

Where do we want to be?

- A sustainable, well performing and trusted health and social care system
- a clearly understood and supported Edinburgh health and social care Offer which is fair, proportionate and consistent
- a person-centred, patient first and Home First approach
- a motivated, skilled and representative workforce
- an optimised partnership with the voluntary and independent sectors
- care supported by the latest technology
- a culture of continuous improvement and innovation

How are we going to get there?

- develop and agree a refreshed Edinburgh health and social care Offer with our citizens
- roll out the Three Conversations approach across the city over time
- work towards shifting the balance of care from acute services to the community through Home First supported by our transformation programme
- continue to build our partnership with the voluntary and independent sectors
- work with the housing sector to ensure new and existing housing options to support people to live independently
- continue to tackle health inequality rooted in poverty as a major cause of failure demand
- deliver this Strategic Plan over the next three years and continue the transformation programme over future planning cycles
- generate a unity of purpose and build momentum

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

- Scottish Government, partners, COSLA and EIJB direction
- learn from others; across Scotland, the wider UK and internationally
- provide good governance, planning, commissioning and market facilitation
- finance – effective planning working towards a balanced budget

- workforce – publish our strategy to mitigate pressures and to work closely with partners
- infrastructure – right sizing, future planning and co-production – achieving effective balance across the bed base
- shaping the future development of housing in Edinburgh to take account of strategic trends
- technology – identification of emerging and proven solutions –implementing commercial off the shelf and spend to save initiatives
- communications and engagement with our partners and with our citizens
- improved insight, data capture, analysis and performance management

Supporting themes:

- a deliberate shift to early intervention and prevention, building independence and resilience 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
- service users are involved in the planning of services that affect them
- carers are supported to carry out their role in a way that supports the carers health and wellbeing
- success is demonstrated based on a range of measures including outcomes for people

The four key elements of our strategic approach

General

There are four key elements that underpin this Strategic Plan. Each element is inter-linked and will run concurrently over this planning cycle and beyond. Outputs will be synchronised, concluded and then implemented once authorised by the EIJB:

Edinburgh (health and social care) Offer

Public expectations have been shaped by experience of what the health and social care system is capable of and the shape and standards it should have. Expectations and demand are increasing out of balance with our ability to deliver under current models of ways of doing things. Whilst a growing awareness and acceptance of demographic trends, inequalities and the impact of lifestyle choices help at the planning and community level, at the individual and family level, expectations are framed by immediate challenges and an understanding of what help is available. 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. The Edinburgh Offer will aim to reflect a modern pact between providers and citizens to prevent crisis and support people to manage their health and personal independence at home.

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. Consequently, to optimise alignment between expectations and realistic delivery, we must engage our citizens in a more active and collaborative way. We aim to work in collaboration with health and social care agencies and other partners within our communities, such as community groups, the third and independent sectors, faith-based organisations and others, to build genuine support

networks within communities. To achieve this aspiration, we must provide clarity of the offer to our citizens and redefine what the statutory services can contribute. Working with our partners in tackling inequality in our communities, the redefined Edinburgh health and social care 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 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. 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.

The Three Conversations Approach

"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 Glaser[2]

The Three Conversations approach is expanding fast. The approach is based on working differently, to achieve tangible benefit for people and families without an increase in staff or budget. Its success is centred on 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 the Edinburgh Health and Social Care partnership (EHSCP) and partners to implement the model across the city. The Three Conversations approach has been chosen for Edinburgh, because it underpins and supports our intent, strategic priorities, vision and values.

Three conversations will help us to have a more dynamic and flexible approach to helping people. 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'. The approach moves away from the idea that the task is to process people, complete unwieldy documents and presume the need for formal services, the Three Conversations provides 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 approach not only improves the experience of service users but is popular with those

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

working in the sector, who recognise the value of a more person-centred way of working and can lead to a significant reduction in the kind of support which can undermine independence and prevent us focussing resources where they are most required and effective.

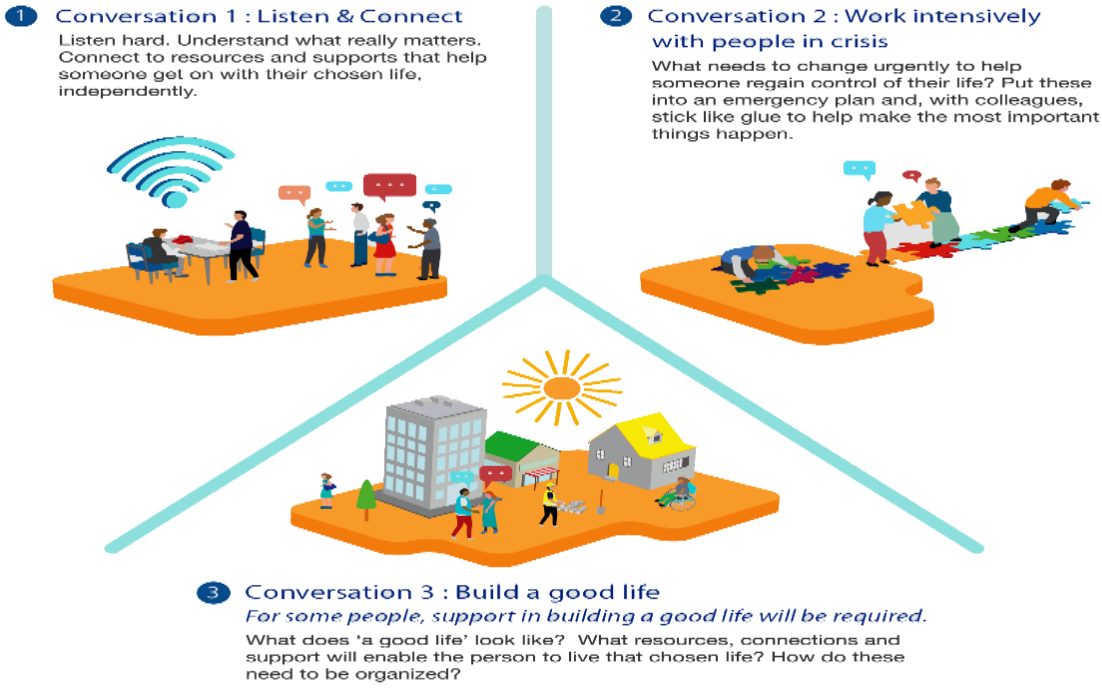


Figure 1 – Three Conversations Approach

- **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 three conversations 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 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.

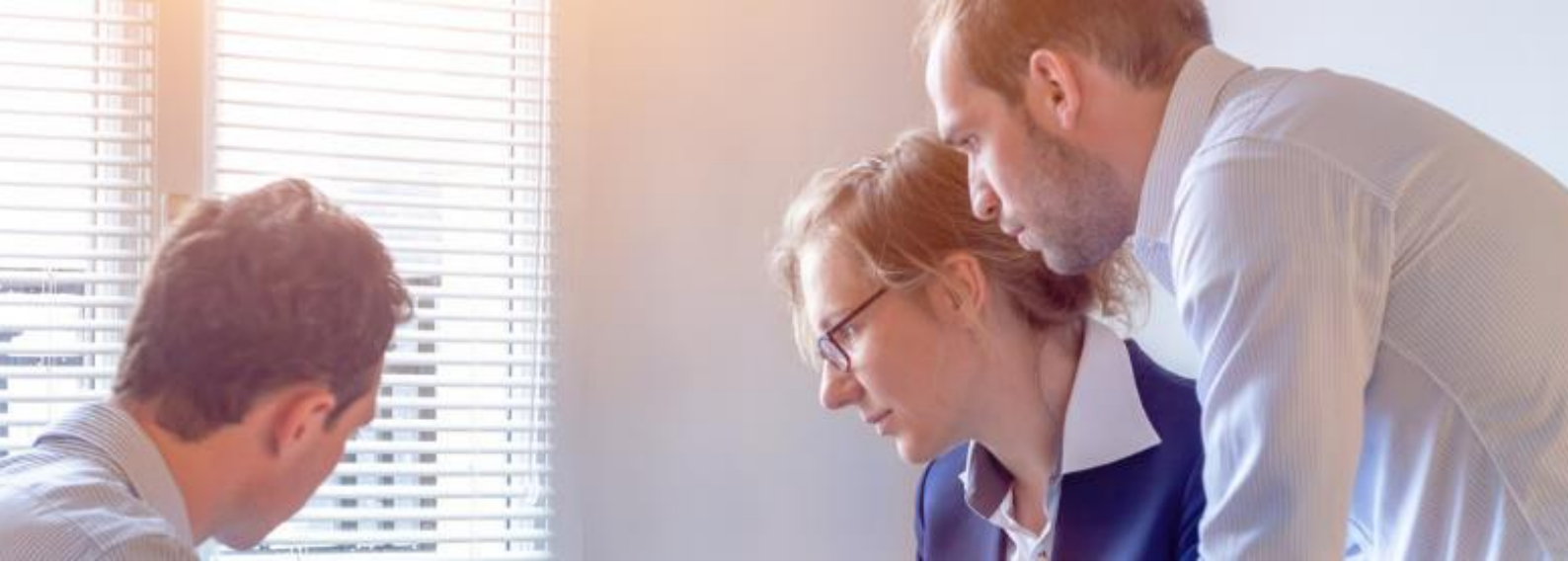
Home First

The principle of Home First, an approach supported by the Scottish Government, aims to shift the balance of care from acute hospital services to home or a homely setting within the community. Led by EHSCP teams, it will be delivered through prevention of admission or early supported discharge and will inform the way we work across a person's care journey. Home First promotes rehabilitation and recovery through a risk enabled, multi-disciplinary approach, which has the potential to prevent life changing decisions being made in a period of crisis, too often resulting in long-term acute care outcomes. Home First improves outcomes for those citizens who are able to return home and generates more capacity in acute hospitals to care for those who have acute needs that cannot be met elsewhere. The Home First project has started and will continue to be developed through phase 1 of this planning cycle. As Home First evolves, there will be opportunities to encapsulate related services that form part of the current set aside. These will be identified through the transformation programme. There are many predicted benefits of the home first principle which include:

- reduction in length of stay
- reduction in occupied bed days
- reduction in delayed discharges
- number of unscheduled admissions and readmissions
- patient experience
- staff experience.

Transformation

To build momentum and progress EIJB ambitions for Edinburgh, we will take a programmed approach to service redesign and transformation. A dedicated programme team will reinforce the EHSCP during this planning cycle. The transformation programme has been designed around a comprehensive package of work which will capture existing and emerging workstreams and channel our effort to concentrate resource to reduce overlap and avoid duplication. The transformation programme workstreams are set out in appendix 2.



Governance and structure

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 Standards[3] 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.

The Edinburgh Integration Joint Board (EIJB)

The EIJB, and the supporting EHSCP, were established on 1 July 2016. The Council and NHSL delegate resource[4] 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, reviewed annually, setting out the vision, intent and strategic priorities for health and social care in Edinburgh.

The EIJB sits formally every two months and is supported by four sub-committees[5] 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 2018[6]. 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. This includes a change to the sub-committees and related terms of reference. The majority of services are delivered

[3] Scottish Government Health and Social Care Standards dated June 2017.
[4] The EIJB is responsible for a budget of circa £700 million.
[5] Audit and Risk Committee, Strategic Planning Group, Performance and Quality Group, and Professional Advisory Group.
[6] GGI Independent Review of the Governance of EIJB dated November 2018.

through the EHSCP, although some are managed directly by NHSL. These are referred to as ‘hosted’ or ‘set aside’ services.

The EIJB is also a member of the Edinburgh Partnership, the body responsible for community planning in the city. The Partnership brings together public agencies, the third sector, and the independent sector with communities, to improve the quality of life in the city. The Partnership’s vision is that ‘Edinburgh is a thriving, connected, inspired and fair city, where all forms of poverty and inequality are reduced’. The Community Plan sets out the Partnerships priorities for delivering this vision. The plan focuses on prevention and early intervention, recognising the role of social disadvantage and poverty in creating inequalities for individuals and communities in the city, and identifies three priorities: to ensure that citizens have enough money to live on; have access to work, learning and training opportunities; and have access to an affordable, well designed, safe and inclusive place to live.

The EIJB has a role to play in supporting the ambitions of the Edinburgh Partnership, particularly through delivery of the four locality improvement plans (LIPs) which have been co-produced with citizens, service providers, partners and stakeholders. The LIPs set out the ambitions for each area to achieve better outcomes for communities based on local priorities and needs. Each of the four LIPs contain actions to improve the health and wellbeing of citizens, although priorities vary according to the demographics and needs identified locally. There is a focus on preventing individuals and communities from experiencing the effects of inequalities and improving access to care, alongside early intervention.

There are clear synergies between the aspirations of the Edinburgh Partnership as set out in the Community Plan and locality and those outlined within this Strategic Plan. EHSCP will continue to work with partners to design and deliver services which meet the needs of our communities and plays our part in impacting wider community benefit in Edinburgh.

The Edinburgh Health and Social Care Partnership

The EHSCP is the operational delivery arm of the EIJB and is led by an integrated Executive and Senior Management team. In Edinburgh, local health and social care responsibilities are mainly managed through our localities: North East (NE), North West (NW), South East (SE) and South West (SW). This fulfils the legislative requirement to work at locality level, and also supports us in shaping services more responsive to the different characteristics and needs of our distinct Edinburgh Communities.

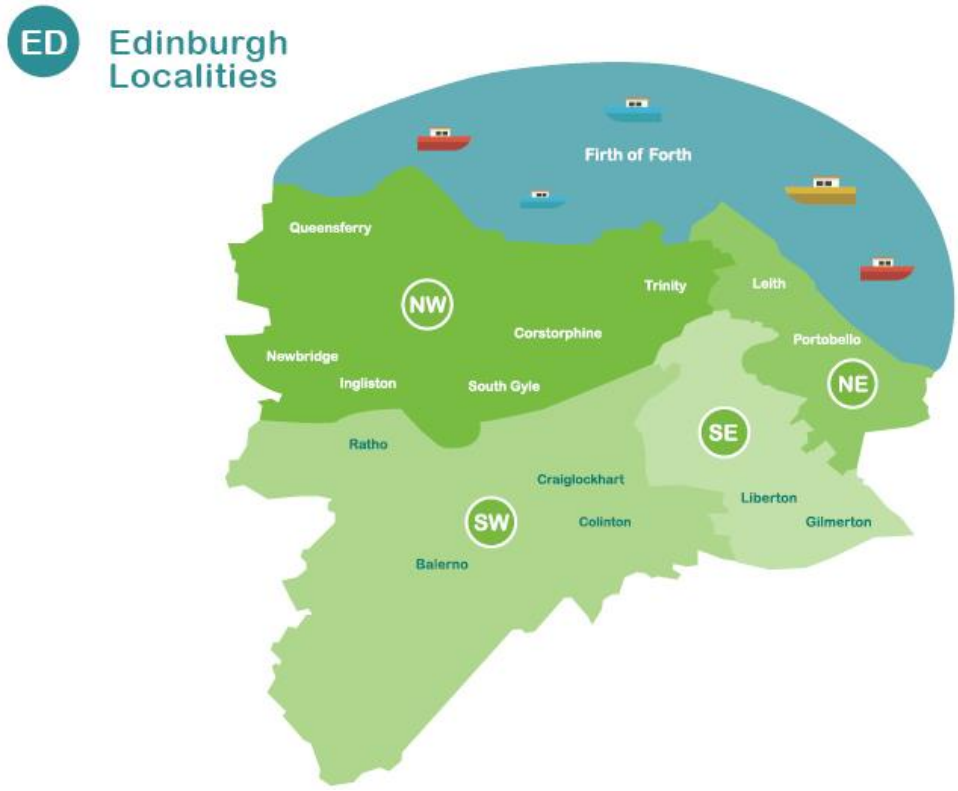


Figure 2 – map showing the City of Edinburgh localities

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 the City.

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 LIP which flows from the Strategic Plan, with service users, partners and other stakeholders, such as housing providers, within the community. These plans are designed around elements that are common to each locality and then take account of the additional needs specific to each locality. LIPs are reviewed annually against the priorities set out in the Strategic Plan and additional Directions which have been set by the EIJB.

The strategic context

General

Advances in health care and standards of living means more of us are living longer. Whilst this is a most welcome trend, a direct consequence is that more of us are living with frailty and multi-morbidity, 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, living with disabilities and a range of long-term conditions. As overall demand increases, the supply and related costs of health and social care come under increasing pressure. An anticipated reduction in replacement rates[7], 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 Scotland[8] 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 a number of reforms and policies including the 2020 vision and the integration delivery plan. Integration

[7] Refers to birth rate at levels required to sustain population levels.

[8] Health and Social Care Integration prepared by Audit Scotland dated November 2019.

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.

Edinburgh – population change

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 years[9]. Based on historical trend analysis, the annual population growth for the city is estimated to be between 5,000 and 6,000, 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 double[10]. 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 incomes[11].

[9] Edinburgh Joint Strategic Needs Assessment 2015.

[10] Edinburgh Joint Strategic Needs Assessment 2015.

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

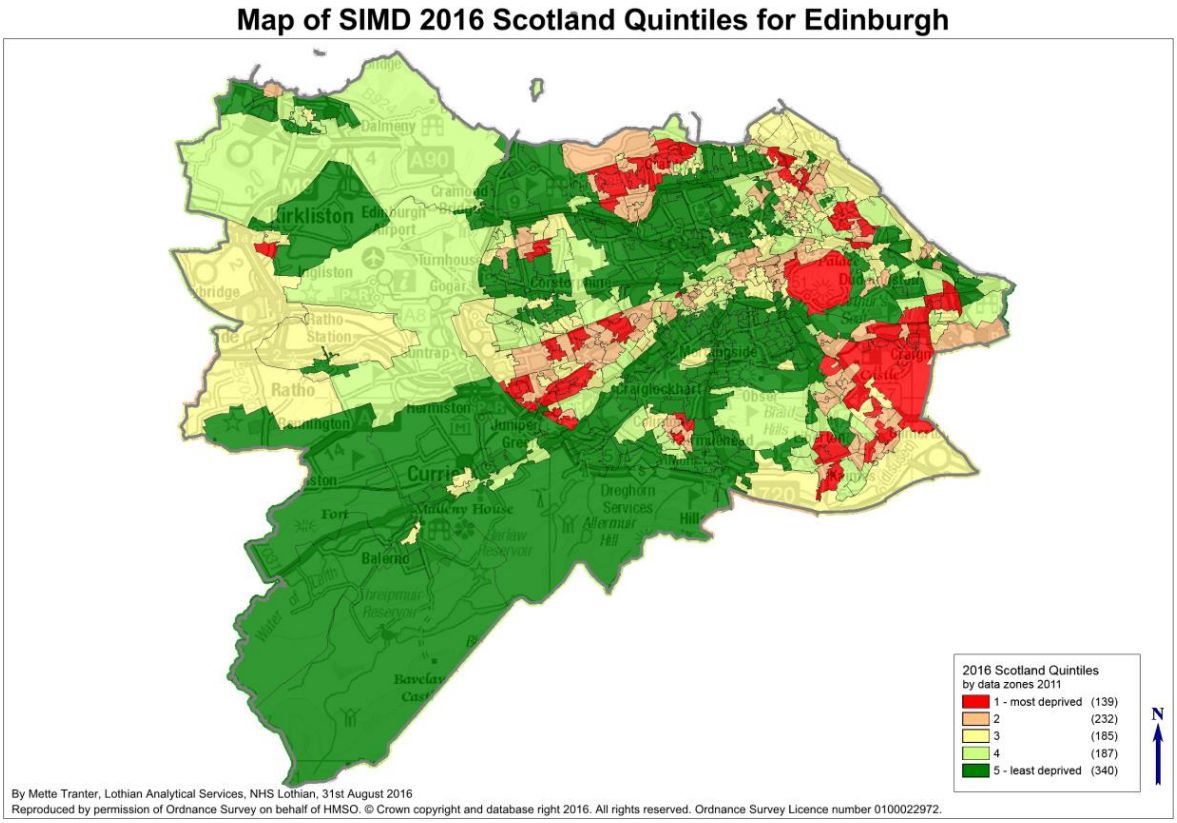


Figure 3 – map of SIMD 2016 Scotland quintiles for Edinburgh

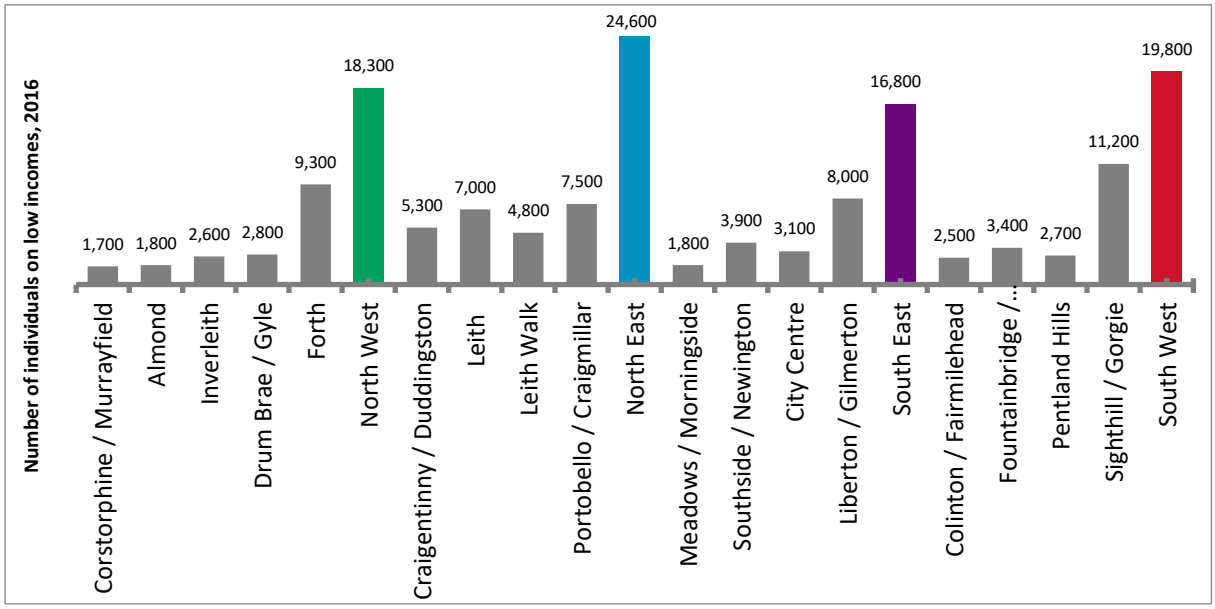


Figure 4 – graph representing number of people on low incomes

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 and how this affects localities. 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 further developed.

EHSCP will embrace the Three Conversations approach as a combined cultural re-orientation and delivery philosophy, which will produce a deeper understanding of how to support communities. 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.

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 aspiration[12].

EHSCP has strong foundations with which to understand and address health inequalities. As an outcome of the recent review of Edinburgh's community planning arrangements (April 2019) a new governance framework has been agreed for the city. This includes the establishment of 13 neighbourhood networks operating across the city. The neighbourhood networks provide an important mechanism for bringing communities together to influence the priorities and outcomes for community planning and to develop appropriate service solutions at local level. EHSCP will seize the opportunity to work with the neighbourhood networks to address relevant locally identified priorities.

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 and make a contribution to mitigating the health impacts of poverty.

[12] Commission on the future delivery of Public Services dated June 2011.

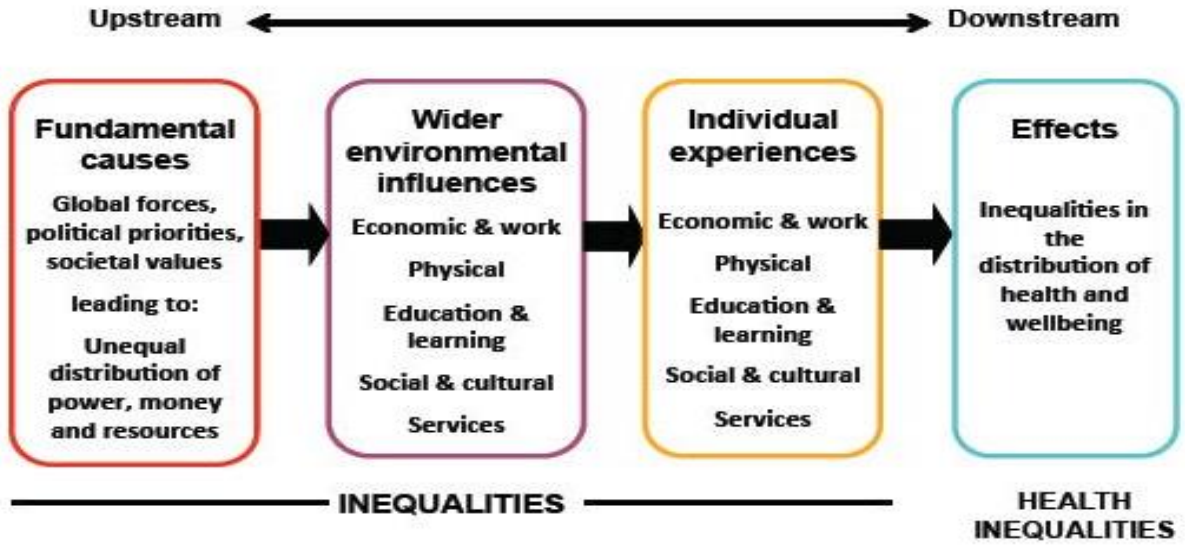


Figure 5 - diagram of inequalities spectrum

"*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".*[13]

The World Health Organisation Commission on the Social Determinants of Health proposed that proportionate universalism[14] 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. 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 link workers. In turn, link workers 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 LGBT[15]. 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

[13] 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.
[14] Resourcing and delivery of universal services at a scale proportionate to those most in need.
[15] Lesbian, Gay, Bi-sexual and Transgender.

the significant number of people who present to primary and social care services with income, debt, budgeting, welfare or housing concerns; the lived experience of disadvantage shapes physical and mental health[16]. While EHSCP can provide some mitigation, more significant preventative action must occur in other areas.

Environmental considerations

Climate change, and the greenhouse gas emissions which are a major cause of it, affect the social and environmental determinants of health: clean air, safe drinking water and secure housing[17]. Conversely, ill-health and the health and social care services required in response, contribute to further climate change. For example, research carried out to support the development of the Climate Change (Scotland) Act 2009, found that the NHS in Scotland accounted for around 3.6% of Scotland's total carbon footprint, and 24% of Scotland's public sector emissions[18]. The Climate Change (Scotland) Bill currently making its way through the Scottish Parliament will establish more challenging emission reduction targets, including for public sector bodies. In May 2019, the Scottish Government announced a new national target of Scotland becoming carbon neutral by 2045.

An independent audit of sustainability was conducted by Professor Kerr of Edinburgh University and Edinburgh Centre for Carbon Innovation in 2018. As part of its response to the audit findings, the Council has set a new target for the City of Edinburgh to become carbon neutral by 2030. The Council is working with partners to scope emission reduction trajectories and formulate a new sustainability strategy for the city, setting out a shared vision and route map for a sustainable Edinburgh.

EHSCP has statutory duties under the Climate Change (Scotland) Act and therefore has a contribution to make, both in terms of helping to shape the vision, and in helping to reduce the city's carbon footprint. The Three Conversations approach and principle of Home First, supports a re-orientation from offering standard services, to supporting communities in new ways which seek to reduce demand, thereby helping to reduce the carbon footprint of health and social care services. By working with our partners in the way we procure services, we can support transition to a circular economy and the reduction of greenhouse gas emissions across transport and energy use. We will work with our partners to support the development of a new sustainability strategy for 2020-2030, with consultation and engagement activity due to begin this autumn.

Housing - There are some unique and significant housing challenges within Edinburgh, with high housing costs and need for affordable housing. Around 14% of

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

[17] Climate Change and Health, World Health Organisation, https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

[18] Carbon footprint of NHS Scotland, Arup and Stockholm Environment Institute, on behalf of Health Facilities Scotland, 2009. http://www.hfs.scot.nhs.uk/news/?item=54

the city's housing stock is owned and managed by the Council and other registered social landlords with 190 households on average bidding for every home that becomes available for let. In 2017/18, 70% of Council lets in Edinburgh went to homeless households, compared to the Scottish average of 41%. The housing market is expected to come under increasing pressure as the city grows at a faster pace than elsewhere in Scotland. Almost half of the city's homes were built before 1945 and 68% of homes are flats, many within mixed tenure blocks, which brings additional challenges to improving and maintaining existing homes. The cross-cutting role of housing in supporting health and social care priorities is recognised by the EIJB.

The social housing sector provides a range of services which help to tackle poverty and inequality alongside delivering significant investment in new and existing homes that enable people to live in quality, energy efficient, sustainable homes within communities. The Council and its Registered Social Landlord (RSL) partners are committed to ensuring 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. The Housing Contribution Statement (HCS) at Appendix 3 highlights the importance of housing in relation to health and well-being and provides clear commitments to support health and social care priorities, including the principle of Home First; helping people to live independently at home or in a homely setting for as long as possible. The HCS outlines the plans to ensure new homes meet future needs, new models of housing and care are developed in local communities and housing and health and social care partners jointly develop new technology which can be embedded in homes to support independent living.

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 and the high cost of housing, 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 and vocational learning, as well as the need to transform roles and encourage more applicants from ethnic minorities to better reflect modern society, to allow for a step-change in the way our workforce deliver services now and in the future. A workforce strategy is being developed, will form part of our transformation programme and will be published in the coming months.

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 transformation programme and beyond.

Unpaid Carers - Carers play a key role in health and social care, often supporting their loved ones to stay at home and in their community. In recognition of this, the Scottish Government established the Carers (Scotland) Act 2016, 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 following diagram portrays the range of life stages for carers some of which overlap:

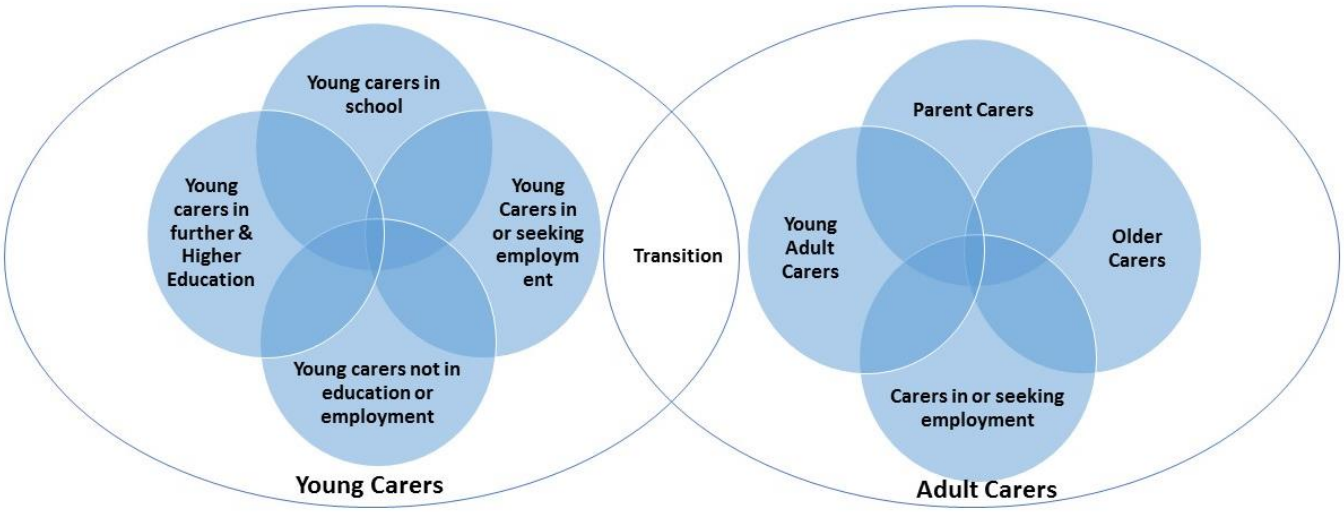


Figure 6 – life stages for Carers

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 Joint Carers Strategy for Edinburgh,2019–22, including implementation plans, will be applied from 1 September 2019.

Our strategic priorities, guiding principles and values

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 earlier[19]. There is a need to encourage healthier lifestyles through public health and information initiatives and to improve our conversations with those at risk, in crisis and with their families as part of the Three Conversations approach. Through the locality structure, our relationship with community-based support services and local housing providers 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. All of this links to the development of the New Community Plan, building neighbourhood networks and the outputs from the transformational work on the Edinburgh health and social care Offer and the principle of Home First.

[19] Commission on the future delivery of Public Services dated June 2011

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 women[20]. 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 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 affordable 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 transformation programme and the implementation of the Thrive action plan, we can begin to systemically address health inequalities at a structural, locality, community and individual level. Guided by the Scottish Government's Public Health priorities, we will seek to develop policies along with our partners, that support upstream engagement and intervention.

3. Person-centred care

Recent evidence[21] 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.

[20] EIJB Edinburgh Health Information dated October 2019. Authors Dr Dermot Gorman, Martin Higgins, Public Health and Health Policy, NHS Lothian.
[21] EVOC *'Mind the Craic'* study published April 2019.

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 2019 outlines the key areas where we must invest to support the sustainability of general practice. In addition, our link worker 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 approach and adopt the principle of Home First to shift care from acute to community. We need to ensure our commissioning plans support the enhancement of community services delivered by the third sector. One of the other important elements of prevention and keeping people well in communities is housing and the use of technology. We will continue to work closely with housing colleagues, to support people to live independently at home. Future housing requirements, the future bed-base requirement and how best to exploit new technology are all key workstreams within the transformation programme.

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 our structural redesign the principle of aligning responsibility and authority will be a key consideration. As part of the transformation 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. Through the transformation programme 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 through the Three Conversations approach 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, our 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.

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. When acute services are required, they should only be provided for the minimum safe time-period. Working with stakeholders to design the best level of support available in the community and to support individual choice. Our housing partners are committed to designing homes and services which enable people to live at home for longer.

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 the housing sector, 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 health and social care 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. Welcoming and building on the commitment of housing partners to support local communities.

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.

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 transformation 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 NHS Lothian. The emphasis being on quality, dignity and respect and placing people first, through empowerment, honesty and transparency and working together.

The way forward

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*'[22]

Governance

The EIJB Strategic Plan 2019–2022 sets out how health and social care services will evolve in Edinburgh over the next series of planning cycles in outline and the next planning cycle 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 embrace the Three Conversations approach 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

[22] Transformation and Change – Developing the Edinburgh Model dated 8 February 2019.

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 Chief Officer will be the overall transformation Programme Director and will chair a regular Portfolio Board to monitor progress[23]. A permanent member of the executive management team will lead each of the four designated programme areas and will oversee projects assisted by assigned Programme Managers. The transformation 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 to support independent living
- further development of a city-wide hospital at home model
- the roll out of the Three Conversations approach
- consult on and publish a redesigned Edinburgh health and social care Offer
- a comprehensive bed-based review to include intermediate care (step up/step down) and general 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 and adaptations.

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.

Implementation of transformation programme and reviews

The transformation programme is part of the EIJB approved direction and has been designed within the construct of the Three Conversations framework supported by enabling activity. These work streams will be monitored and directed by the EIJB and manged by the EHSCP in two phases:

[23] Assisted by a senior Programme Manager and programme assurance and audit functions.

- **Phase 1**

  Preparation and launch (1 July 2019 to 31 March 2020): phase 1 will be focused on getting organised and aligned to the start of the transformation programme whilst maintaining our efforts on current business. GGI will continue to work with the EIJB at the higher level which will include refinement of the supporting sub-committees and respective terms of reference. P4C began working with EHSCP to guide the roll out of the Three Conversations approach on 17 April 2019. At the centre of the Three Conversations implementation process is a fortnightly 'making it happen' conference where key decisions are taken with key leaders and stakeholders from across the structure. The establishment of innovation sites will begin in earnest in late July 2019. Finally, the recruitment of additional project managers to underpin the transformation programme will begin to operate from autumn 2019 and a range of internal reviews will be initiated.

  Tasks:

  - complete Interim Change Group preliminary activity
  - initiate and maintain P4C support with the Three Conversations approach
  - establish transformation programme and governance structure
  - complete GGI development work with EIJB
  - consult on and publish redefined Edinburgh health and social care Offer
  - launch new EHSCP website
  - conduct EHSCP structural review
  - conduct planning cycle review
  - conduct performance management review
  - refine market facilitation approach and produce plan
  - refine and implement communications and engagement plan.

- **Phase 2**:

  Continuation and implementation (1 April 2020 to 31 March 2022): phase 2 will bring a continuation of the projects within the transformation 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 and will include the production of a new Joint Strategic Needs Analysis to inform its development. Throughout this phase, Directions will continue to flow from projects to be presented to the EIJB for authorisation.

  Tasks:

  - continuation of transformation programme
  - extension of P4C support

- implement outcomes from change projects
- implement outcome of EHSCP structural review
- implement outcome of planning cycle review
- implement outcome of performance management review
- implement outcome of review of services
- review Strategic Plan and Directions
- conduct new Joint Strategic Needs Assessment
- preparations for the next strategic planning cycle
- continuation of transformation programme
- extension of P4C support as required
- production of Strategic Plan 2022-2025.

Communications and engagement

An EIJB communications and engagement action plan is issued annually. The purpose of this action plan is to design and encourage a proactive approach to our regular communications, reaching multiple audiences through a wide range of channels. A new EHSCP website will be launched in Phase 1 and this website will continue to be refined throughout the planning cycle. We will seek to engage as widely as possible with our staff, citizens and our partners, to enhance our working relationships and provide situational awareness internally and externally. The successful implementation of this strategy relies in part, on the quality of our engagement with our key stakeholders, and how we communicate with the many audiences we seek to reach, such as:

- our own staff groups
- our services users
- our partners in the voluntary and independent sectors
- housing providers
- local and national governing bodies
- all Edinburgh citizens.

Transformation programme work streams

The transformation programme will commence once the governance structure is in place; initial operating capability is expected by autumn 2019. The programme has been designed around the Three Conversations framework and a separate strand focussed on enabling activity. The outline scope of the programme is broken down in the following table:

Conversation 1	Conversation 2	Conversation 3	Enablers
• Prevention strategy, including community investment strategy • Front door access redesign • Carers strategy • Family group decision making analysis • Technology enabled care strategy • Expansion of the Be Able model	• Community/ hospital interface • Home first • Development of crisis intervention models • Adult Support and Protection	• Transformation of home-based care • Transforming bed-based care • Overnight support strategy • Transforming transition services • Redesign of Learning Disabilities Services • The Edinburgh HSC Offer • Transforming Dementia Services	• Business digital strategy • Structure Review • Workforce strategy and cultural development • Redesign of community equipment service • Future Focussed Housing • Contribution based charging analysis

Figure 7 – transformation programme outline workstreams

Broader implementation activity

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 engagement[24]. The outputs from these reference groups have informed the production of this Strategic Plan and have been carefully mapped to the transformation 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 formal transformation programme. This includes outputs from the reference groups which are already being developed as part of normal business and are being taken forward as action plans. As individual projects mature, outputs will be brought forward as business cases via the Strategic Planning Group (SPG) for final EIJB authorisation and when appropriate the issuing of Directions.

[24] Health and Social Care Integration prepared by Audit Scotland dated November 2019.

Mental health (Thrive)

The incidence of poor mental health across society, most prevalent in our most deprived areas, is evident in the fact that annually approximately one in six adults receive a prescription for depression or anxiety. Thrive Edinburgh[25] provides EHSCP and the Children's Partnership with a robust framework to deliver improvements in mental health support. We will invest resources into and alongside primary care to ensure the resource is as close to communities as possible. Elements of the transformation programme and the Thrive action plan will deliver in four key areas:

- **Building resilient communities and a place to live**

  Thrive will create opportunities for people to be more physically active, feel safe, socialise and connect. This will include intergenerational activities and an improved care pathway for students. 'Choose Life' will provide an increased number of training courses on suicide prevention. Key to wellbeing is a safe place to call home which allows people to have meaningful days. 'Wayfinder' supported accommodation/support at home services will work to increase flexibility of provision which increases the capacity to respond to fluctuating levels of need within localities. Additional one bed roomed and two bed roomed tenancies with support (c55 additional places) are required to allow a move towards core and cluster developments which will offer people a tenancy for life with support that can be flexible to meet changing needs.

- **Get help when needed**

  Thrive will reduce barriers to access to provide a shared assessment which leads to the right care, support and treatment. Advanced statements and the views/needs of named people will influence care plans. Thrive will introduce open access 'Thrive' centres providing multi agency/ professional input. We will focus on improved access to psychological therapies alongside improving the skills of the workforce who can respond in A&E departments, police custody and prison settings. V1P Lothian demonstrates improved outcomes for veterans and their families and shows a commitment to ensuring people get help when needed. Alongside Street Assist, Police Scotland, NHS Unscheduled Care Services, the Scottish Ambulance Service, NHS 24, Social Care Direct, Community Safety Partnership and the Chamber of Commerce, we will commission a safe out of hours place where people who are intoxicated/vulnerable/in crisis can be kept safe and linked into day time support and services.

[25] Thrive Edinburgh is a city-wide strategy to improve the mental health and well-being of all of Edinburgh's citizens.

- **Closing the inequalities gap and rights in mind**

  The Re:d[26] Collaborative, The Inclusive Edinburgh Board and advocacy services will help address the structural determinants of poor health at an individual, family, community, and city-wide level in accordance with the Edinburgh Partnership Community Plan. The right to work will see the development of further opportunities in supporting, sustaining, and achieving paid employment, volunteering, and education. We will work to improve the physical health of people with mental illness and continue advocacy support for mitigating against the impact of poverty. Thrive is committed to ensuring that people understand their overarching human and legal rights and that staff working in mental health ensure that people and their families in their care are afforded their rights. Supported decision making, open dialogue and further strengthening of independent individual and collective advocacy will increase our delivery of rights-based care.

- **Meeting treatment gaps**

  Under Thrive we will review current pathways for; bipolar, schizophrenia, neuro-developmental disorders, eating disorder, personality disorder, perinatal mental health, and depression, to ensure that our services are rights based and provide evidenced based clinical treatment as defined by SIGN and NICE[27]. Services which prevent admission and facilitate discharge will be redesigned and the need for step up/step down care and home to assess will be reviewed. We will aim to implement a matched care model for women with multiple and complex needs. Edinburgh will commission additional inpatient beds for people requiring low secure provision and inpatient beds for people requiring rehabilitation for Royal Edinburgh Hospital Redesign Phase 2.

Older people (Ageing Well)

EHSCP will continue to work with partners such as the police, fire service, local third and independent sectors, faith groups and other community organisations, as well as citizens themselves, to ensure older people thrive in their communities. We will encourage healthier lifestyles, seek to make best use of current and emerging technology, and enhance our BeAble services for the more vulnerable. We will improve our ability to identify those who are frail (optimising the e-frailty index) and increase our efforts in prevention and early intervention and the benefits of the three conversations approach and home first. We will work with our partners in the community to make older people more aware of what is available to them locally and how to access services. We will build on self-directed support and seek to improve our telecare service and response times and the provision of equipment.

[26] Collaborative of community, justice, health and social care and 3rd sector dealing with people with multiple complex needs.
[27] SIGN: Scottish Intercollegiate Guidelines Network: NICE – National Institute for Health and Care Excellence

We will consider ways to improve our dementia pathway as part of the transformation programme and look at ways to improve our palliative care model. We work with two providers in Edinburgh to provide hospice care to those nearing the end of their lives; they also provide community based palliative care support. In addition, families, friends, unpaid carers, primary care, community nurses, and others, all play a key role in delivering palliative care in the community, as well as nursing and care staff in care homes. We will continue to develop services in a way which puts people first, and which includes promoting increased opportunities for carer involvement in day to day care, like our adoption of John's Campaign which supports this.

We will review short term care and support for people who need ongoing medical and rehabilitation care. Day hospitals will play a part in this, as will a personalised approach for breaks from caring, through the new Carers Strategy and the Short Breaks Statement for unpaid carers. Work will be undertaken across the community health and social care system, as well as with care at home providers, to ensure the long-term care and support needs of our citizens are met, making best use of our resources. We are undertaking extensive review work to inform the right balance of care in our communities, to ensure complex care, bed-based services and housing provision is right-sized and well supported from all community services, to allow people to live at home, in a homely setting or for shorter periods in acute hospital facilities.

Learning disabilities

People with a learning disability continue to seek access to independent lives and to be accepted in their communities. We have taken positive steps towards achieving this, but we need to reshape how we provide support at different levels of engagement. In particular, we need to focus on young people and how we can work in partnership to develop their full potential. We need to stop people 'living' in hospital and commission housing that can support people in the community. We intend to reshape how people interact with all our partners to better enable them to gain the independence they are entitled to and reinforce the commitment to on-going engagement. People with learning disabilities will continue to be involved in advising the partnership in developing plans that affect their lives and their support

Physical disabilities

People who acquire a physical disability in general, seek to be independent and are looking for the EHSCP to enable them to access support at different levels, simply and locally. We need to work with our partners to build community infrastructures that assists people with disabilities to achieve their aspirations to be more active and involved as citizens of Edinburgh. We need to continue to work with 21st Century homes to provide accessible properties that can meet people's support needs. In doing so, to maximise the use of assistive technology to enhance people's

independence. People's journey through the care system has shown that it can often be frustrating and can be unclear how they achieve the outcomes they are seeking to be more independent, we need to look at how our services can be reshaped to support this.

Sensory impairment

People with sensory impairments represent a diverse and significant group within Edinburgh, with around 4,000 people on the sight loss register[28], an estimated 400-600 Deaf British Sign Language users[29] and an estimated 25,000 to 85,000 people with acquired hearing loss[30] living in the city. The 2014 Scottish Government/CoSLA strategy for sensory impairment, See Hear[31], presents a framework for meeting the needs of people with a sensory impairment, and is supported by annual funding to local Health and Social Care Partnerships for allocation citywide. Complementary to this, the BSL (Scotland) Act was given royal assent in 2015, and the City of Edinburgh Council/Edinburgh Health and Social Care Partnership BSL Plan was published in October 2018.

The key aspect of our sensory impairment support work will initially be centred on preparing the new adult sensory support contract from October 2020. This will require a comprehensive needs assessment which aims to involve a broad stakeholder group. Recent See Hear-funded work will also continue, including the development of new services for people with hearing loss, the creation of the Edinburgh Hearing Loss Directory online, the purchase of equipment for both adults and children for habitation and rehabilitation, community audiology projects and training provision. We also plan a major staff training programme across the public, third and independent sectors aimed at equipping staff with the skills to work and communicate more effectively with people with sensory impairment. Implementation of the health and social care, mental health and wellbeing actions of the British Sign Language Plan will also continue. Finally, during this planning cycle, targeted allocations of See Hear funding will continue to support existing programmes and invest in new initiatives as they emerge.

Primary care

Nationally, by 2017, the primary care sector was widely recognised to have become unsustainable in its existing form due to rising demand and a shortage of GPs. In Edinburgh, this was compounded by a GP registered population which grew by 63,000 between 2009 and 2019. In response, the Scottish Government and the British Medical Association introduced a new GP contract which was agreed in 2018. Increased resource was invested directly into primary care. In Edinburgh, the gap in

[28] RNIB Edinburgh and Lothians, 2019
[29] 2011 Census, Deaf Scotland statistics
[30] 2011 Census, https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/facts-and-figures/
[31] https://www.gov.scot/publications/see-hear/

service capacity was assessed as approximately 600 medical sessions on any given week across the City or the equivalent of c80 full time doctors 'missing' from the system. In accordance with Scottish Government direction, EHSCP prepared a Primary Care Improvement Plan (PCIP) which was authorised by the EIJB in May 2019. The Edinburgh PCIP will provide the resources for an additional c230 (full time) staff to be inserted into individual practices or shared across practices as agreed by GP Quality Clusters over the current planning cycle.

One of the aims of the PCIP is to establish the relationship between the employment of the new staff and their impact on service capacity. The PCIP is not simply augmenting medical capacity with other professionals but is taking the opportunity to modernise delivery and ensure that the citizens of Edinburgh are well informed about their wellbeing and about other local and 'on-line' resources available in the community.

Income maximisation is an example of a key activity to ensure that vulnerable people have access to resources which allow them to remain healthy and independent. We have agreed to commit additional Government (PCIP) funding for primary care to strengthen the matching of welfare rights resources and link workers. This additional capacity will be established during 2019 and demonstrates the shaping of the PCIP to directly impact on key health inequalities beyond the immediate scope of healthcare. The continued development of physical capacity in response to our growing population remains a priority.

Long-term conditions

In Edinburgh we estimate that 23% of people have at least one long term condition and 37% of these people have two or more long term conditions[32], known as multimorbidity. Much of the health service is designed to care for each condition in isolation. People with multiple long-term conditions often experience disjointed services and have a high 'burden of treatment' from the various professionals who support them to manage their conditions. As people get older they develop more long-term conditions and their use of health and social care services increases and becomes more expensive. People with long term conditions are twice as likely to be admitted to hospital, stay in hospital disproportionately longer and account for over 60% of hospital bed days[33]. People with multimorbidity account for a high proportion of consultations in primary care[34]. Falls can have a significant impact on an older person's independence and quality of life and are amongst the most common and

[32] Lothian Integrated Resource Framework 2012/13
[33] https://www2.gov.scot/Topics/Health/Services/Long-Term-Conditions
[34] Salisbury C et al. Epidemiology and impact of multimorbidity in primary care: a retrospective cohort study. Br J Gen Pract 2011;61: e12-21.

most serious problems experienced by older people[35]. Approximately 30% of people over the age of 65 experience a fall each year, which rises to 50% over 80[36].

Our vision is for care and support for people with long term conditions to be improved and the burden of treatment reduced by:

- seeing the whole person rather than each individual condition
- engaging the whole team involved in the person's care, including third sector partners
- improving the way that care and support is planned across the whole system

By aligning support provided by the long-term conditions programme to The Health and Social Care Delivery Plan we will focus our improvements in:

- **Prevention and early intervention:**
  - proactively identify and support people who have long term conditions and are at risk of hospital admission
  - support people at risk of falls and fractures at an early stage
  - reduce and improve the management of falls in care homes
  - engage people with long term conditions to participate in physical activity.
- **Anticipation:**
  - using a 'thinking ahead' approach, support health and care professionals working with individuals, carers and their families to make informed choices about their care and support.
- **Supported self-management:**
  - empower people to learn about their condition, acknowledge the impact on their life, make changes and identify areas where they need support
  - provide digital support to enable individuals to access the right care and support at the right time.

Public health

In recent years, the rate of improvement in life expectancy and mortality has slowed down with mortality rates increasing in the most economically deprived areas in Scotland. Despite the context of a generally healthy city, in Edinburgh more than 70,000 people live in areas with significant economic deprivation, with consequent risks to their health. Public health activity in Edinburgh therefore focuses firstly on tackling inequalities and poverty. Our Public Health teams operate within locality and city-wide networks and have longstanding working relationships with the NHSL

[35] [4]National Institute of Clinical Excellence., 2013 Falls: Assessment and Prevention of falls in Older People. *National Institute for Health and Care Excellence*. London: NICE.
[36] Monthly Falls Report from May 2017 to August 2018, NHS Lothian, Edinburgh, (data polled 31/10/2018)

Public Health Department (including health promotion) and third sector organisations in particular, many of whom have comprehensive public health roles. EHSCP is an active partner in delivering the three key objectives of the wider Edinburgh Partnership's Community Plan which aims to provide:

- enough money to live on
- access to work, learning and training opportunities
- a good place to live.

These three key objectives are the city's priorities for the delivery of the National Public Health Priorities. EHSCP has a wealth of experience and considerable capacity already focussed on these three priorities. Examples include partnerships with the third sector and GP practices and schools to optimise income maximisation (the City-wide Maximise! Consortia) and supporting housing and planning colleagues to deliver the Place Standard and Housing Contribution Statements. We also contribute actively in delivering the Alcohol and Drugs Plan, Child Poverty Action Plan and the Mental Health and Wellbeing Plan.

In addition, and complementary to our targeted work on tackling inequalities, we will continue to develop public health information and engagement on improving life choices in partnership with a wide variety of organisations. This remains an important ingredient in addressing the public health challenge which includes among a raft of client groups those affected by:

- **Alcohol/drugs**

  EHSCP remains active partners in the Edinburgh Alcohol and Drugs Partnership (EADP) as we work to deliver a strategy to prevent children and young people's health and wellbeing being damaged by alcohol and drugs. We will continue to engage individuals and communities affected to make them stronger and safer, to reduce harm and increase the number of people in recovery. We are looking at ways of reducing drug related deaths, for example by offering spirometry screening within pharmacies to detect respiratory conditions caused by drug use. We will continue to explore opportunities to improve local access to services or health screening for people who have problems with drug and alcohol use. We also have a lead role in the delivery of Locality Substance Misuse Hubs, which work with partner agencies to promote harm reduction and recovery for individuals and families, including those involved in the justice system. Our performance, in relation to access to service, preventative activity, drug deaths and outcomes for people are continuously monitored to drive improvement, a process which is reported through the Edinburgh Chief Officers Group and EIJB as necessary.

- **Homelessness**

  Homeless accommodation and support is planned and delivered through the Council's Safer and Stronger Communities Department. EHSCP has the remit to deliver the Inclusive Edinburgh homeless service through an integrated team comprising NHSL, housing officers and social workers. This integrated team is led by an EHSCP manager and works closely with third sector partners to provide a holistic and trauma informed, health and social care service, to improve the lives of people who need support. A plan is in place to jointly locate the services in a newly developed building by November 2020. As part of the Rapid Rehousing Transition Programme, Housing First is being adopted across the city. Edinburgh Access GP Practice will work with housing colleagues to support and promote this model. There is also an Inclusion Health group which seeks to improve care and support for the most vulnerable population groups in the city such as homeless people, prisoners, substance misusers and sex workers. EIJB received a report in June 2019 which outlines the significant development of these services, which are key to delivering the city plan for Housing First and improving outcomes for this vulnerable group.

- **Social isolation**

  Social isolation has been recognised by the Scottish Government as a chronic societal problem for almost all age groups, but particularly prevalent in more economically deprived communities. EHSCP can play an increasingly important role in addressing this. Through the link worker network based in primary care, we will reach a further 3,000 people each year and establish initiatives to develop approaches with a focus on elderly people in two additional parts of the city.

The strategic planning cycle and directions

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 transformation 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.

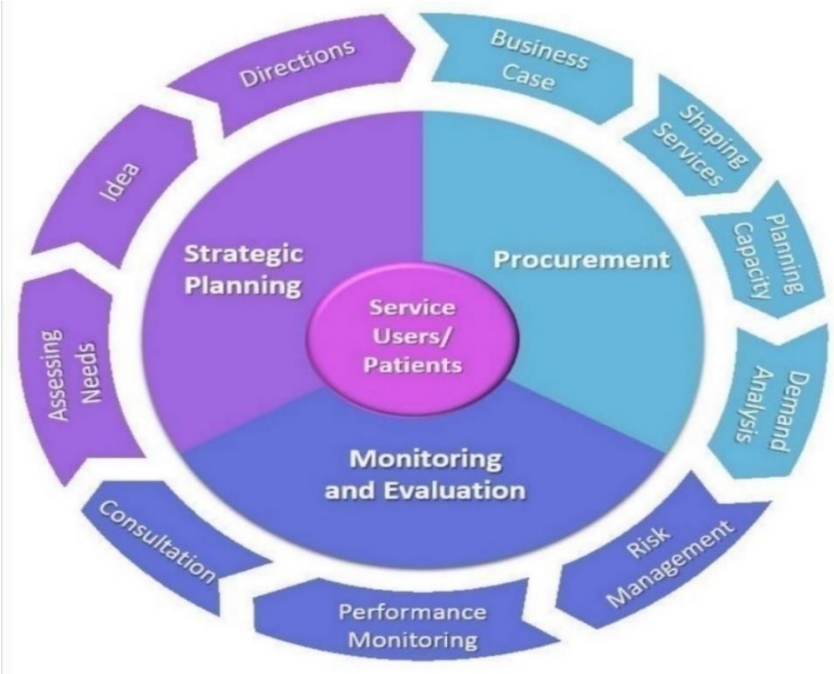


Figure 8 – strategic planning and commissioning cycle

Market facilitation

We will review our market facilitation approach ensuring that we shape the market in ways which ensure it is responsive to the changing needs and aspirations of the citizens of Edinburgh. The four key elements of our Strategic Plan will guide these new directions ensuring that the Edinburgh Offer, Three Conversations, Home First and transformation are coherently integrated across all commissioned services. We will do this by actively sharing the intelligence we have on population trends, the current demands for and costs of care, and what future demand and the social care economy might look like as a means of adding value to the business planning and development activities of current and potential providers.

We will build on existing arrangements, seeking to forge stronger working relationships with our key providers, including housing and support providers, and engaging those new to the marketplace, being clear about how we will intervene in the market through the investments we make and the encouragement and advice we will give, to achieve balance in the supply and demand for services. We will re-double our efforts to manage and monitor our contracts to maintain high standards and ensure value for money. We will seek to measure impact and the experience of the service user, monitoring progress made towards our common goals in partnership with our providers and suppliers of services. Our procurement activity will be an extension of our care-centred approach and we will facilitate markets to offer continuously improving, high quality, appropriate and innovative services.

Directions

EIJB Directions for 2019–2022 will emerge from the Strategic Plan and transformation 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 has been completed 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. A refined policy on Directions which is compliant with emerging Scottish Government guidance will be considered by the EIJB aligned to this Strategic Plan. Future Directions will be captured and monitored on a Directions Tracker reporting into the Performance and Delivery Sub-Committee of the EIJB. 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.

Financial planning

Financial context

In an environment of increasing demographic pressure 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.

How we get our money

Functions are delegated to us from the Council and NHS Lothian. 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 with our partners in the Council and NHSL. Both our partners have separate budget setting processes, and once concluded, we receive our budget 'offer' from each partner for the forthcoming year. For this financial year (2019/20) this is estimated at £666m as shown in the figure below:

Figure 9 – EIJB financial allocations

How we spend our money

The budget we receive from our partners is then used to support the delivery of services.

The initial assessment of the cost of delivering our Strategic Plan in 2019/20 is £684 million, giving us 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 and, whilst we have agreed a savings and recovery programme for the year, this leaves a gap which we will work with our partners to address. The following diagram portrays how our budget is apportioned:

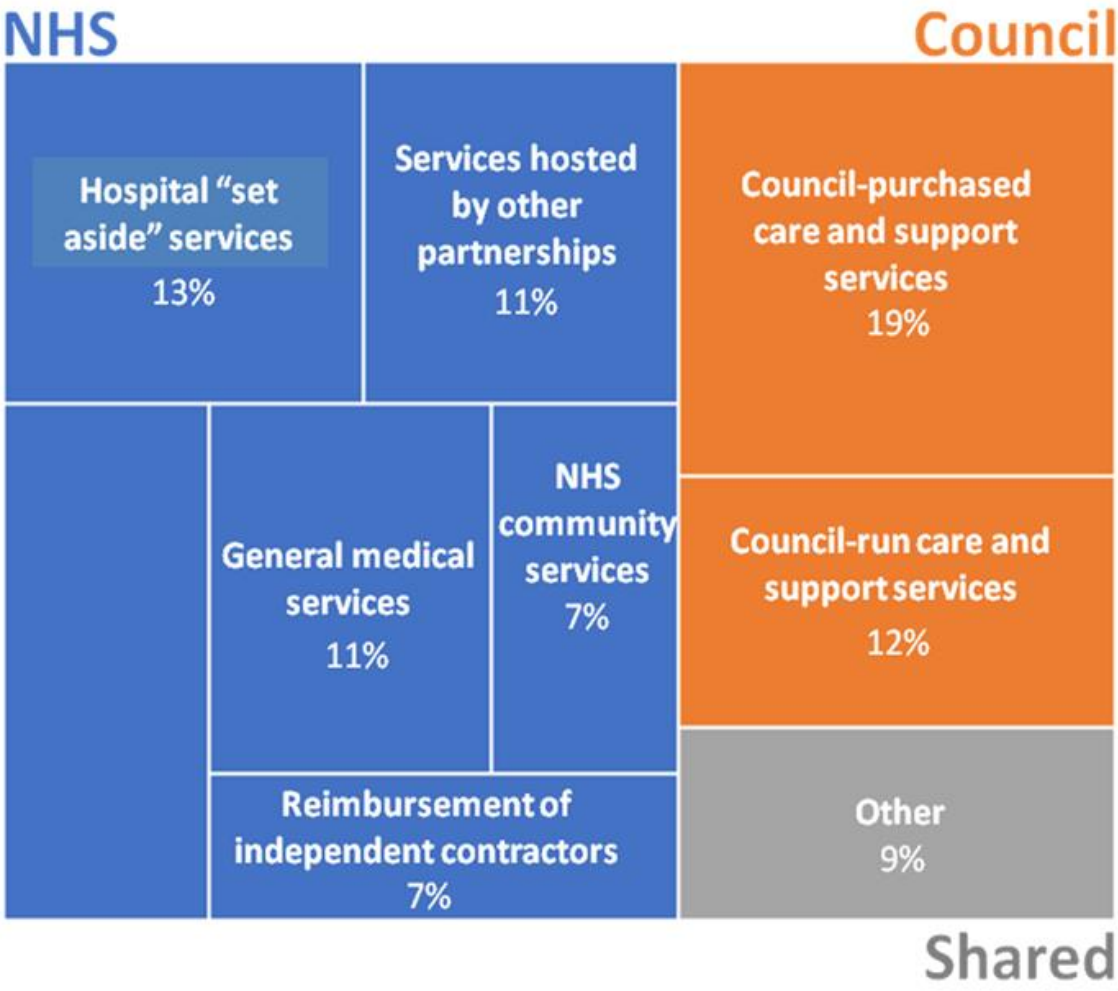


Figure 10 – EIJB budget apportionment

The financial challenge

As the resources available to EIJB flow through the Council and NHSL, the financial constraints facing our partner 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.

Our transformation 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 “three horizon” schematic:

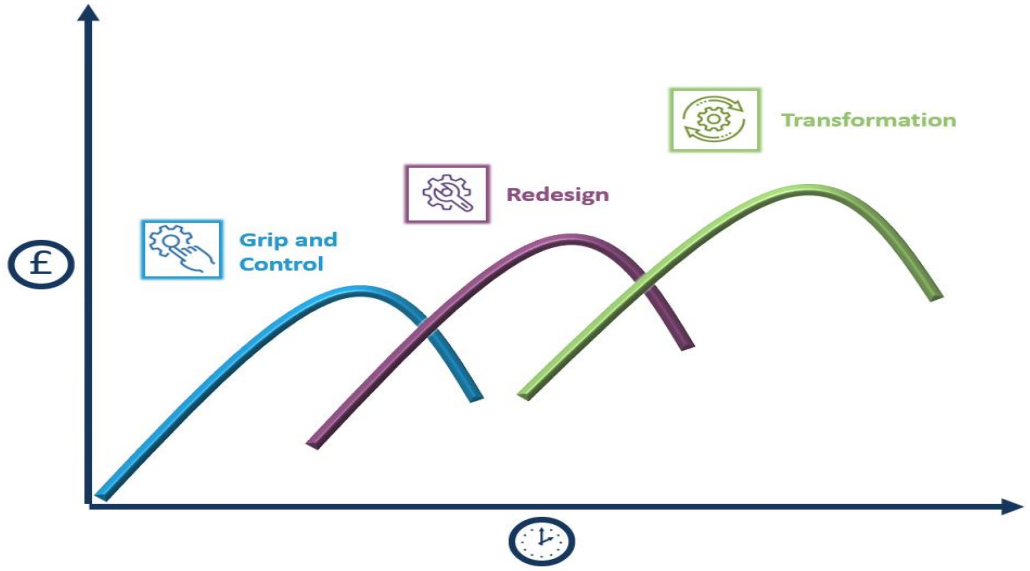


Figure 11 – three horizon approach towards a EIJB balanced budget

Our financial strategy

We are developing our medium-term financial strategy which will build on the three horizon approach outlined above as well as the medium-term health and social care financial framework published by the Scottish Government earlier this year. Scottish Government Health and Social Care Financial Framework 2019.

Our financial strategy will quantify the challenge facing us over the next five years as well as: provide the future context; inform current and future decisions including where we start to shift the balance of care: and outline a high level plan to start to bridge the financial gaps.

Managing performance

General

The EIJB regularly monitors the performance of the services it provides. The EHSCP Executive Management Team meet monthly to scrutinise service performance and use performance information to identify and track service improvements. There has been notable performance improvement in certain key areas and despite some fall back towards the end of the reporting period, overall performance remains steady and improving against trajectories. Key performance data is at Appendix 4. A more detailed review is provided in the most recent EIJB Annual Performance Report 2018-2019 – Link to be inserted once APR uploaded on 31 July.

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 NHSL 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. Over this planning cycle, the approach to performance is to be reviewed, with the intent of designing a performance framework that better reflects the progress of EIJB priorities.

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.

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 are also central in generating a culture of ownership and responsibility and in driving out nugatory activity.

Appendices

1. EIJB Strategic Framework on a Page.
2. Change Workstreams by Conversation and Enabling Activity.
3. Housing Contribution Statement.
4. Key Performance Data.

Appendix 1

EIJB strategic framework on a page

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

What means do we have?	How will we get there?	Where do we want to get to?
Scottish Government Direction	Implementation of Strategic Plan and Change Programme aligned to priorities	An affordable, sustainable and trusted health and social care system
Good Governance	Develop modern Edinburgh Offer	A clearly understood and supported 'Edinburgh Offer' which is fair, proportionate and manages expectations
Budget	Roll out Three Conversations Approach	A person centred, people first and home first approach
Workforce	Strong Partnership ethos with stakeholders and partners	A motivated, skilled and representative workforce
Infrastructure	Shift balance of care to communities	An optimised partnership with the voluntary and independent sectors
Data and Performance Management Framework	Tackling Inequality	Care supported by the latest technology
Technology	Unity of purpose and momentum	A culture of continuous improvement
Communications, Engagement and Co-production		

Principles *Home First, Integration, Engagement, Respect, Fairness, Affordable and Sustainable, Safer*

Our Values *Empowering, Inclusive, Working Together, Honest and Transparent*

Appendix 2
Transformation programme workstreams by conversation and enabling activity

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

Project area	Current status	Action and tasks	Strategic priority	Phase
Prevention strategy	Initial workshop has taken place with wide range of stakeholders to define scope and parameters of the project. Work underway on the community investment strategy. Outline strategic commissioning plans have been reviewed and appropriate actions from those plans captured within the scope of this transformation project. Agreement that this project will be a key priority for delivery in phase 1 of the transformation programme.	Development of detailed strategy and delivery plan to include: • community investment strategy • resilience and capacity building • partnership working with third sector organisations and housing and support providers • mapping of community assets and development of community directory • development of advice and information, including improved website • recovery hubs • consideration of workforce structure and skills mix to best support preventative agenda • development of new prevention projects to fill identified gaps • public health.	1, 2, 3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
		Business cases will be developed for individual work streams as the project progresses.		
Carers strategy	Draft Carers' Strategy considered by EIJB on 29 March 2019. Progress made to date was noted and the six identified priorities approved. Further report to EIJB requested with details of implementation plan, including clear timelines.	Finalise carers' strategy. Develop and deliver implementation plan. Ensure plan is well aligned with our prevention strategy and the three conversations ethos. Embed and monitor new approaches.	1, 2, 3, 6	1
Family group decision making (FGDM)	FGDM currently funded on a pilot basis. Pilot extended until autumn 2019, with the intention to mainstream the approach and align with the three conversations model in the longer term.	Review existing team and methodology and consider options for mainstreaming. Maximise the clear links to the three conversations ethos. Consider in conjunction with structural review.	1, 3, 6	1
Technology enabled care (TEC)	Initial scoping workshop held with wide range of stakeholders to examine current state and define scope and parameters of this project. Agreement that this will be a priority project within the transformation programme.	Development of detailed business case which will maximise the opportunities for use of existing and new TEC solutions and ensure this is at the heart of our prevention approach. Ensure clear alignment with three conversations ethos and amend processes and practices as necessary.	1, 3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
		Ensure clear alignment with overnight strategy project, which will also involve TEC solutions as a key enabler.		
Front door access redesign	Initial workshop held with wide range of stakeholders to assess current status and issues and to define the scope and parameters of this project. Outline strategic commissioning plans have been reviewed and appropriate actions from those plans captured within the scope of this transformation project.	Establish project to redesign our 'front door' access. Build business case for new ways of working. Redesigned approach to access will consider: • reviewing and transforming existing pathways in line with the three conversations ethos • community hubs/one stop shops, including potential to roll out Thrive model more widely • community navigation options • redesign of the current social care direct model • developing early intervention strategies to support signposting and self-management • close links to primary care to better identify those in need of prevention support.	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
Community/hospital interface	Current model to be reviewed. Intent remains to provide a city-wide service which is equitable and sustainable. Dedicated resource secured and initial review of current model underway. Scoping work continues.	Analysis to include: • 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	Scoping exercise to be carried out to define the parameters of the project. We know that the move to 3 Conversations will require new approaches to managing crisis. As the 3 Conversations roll out progresses, this will inform the scope of this project. Agreement that this will form part of phase 2 of the programme, once 3 Conversations is further advanced.	Analysis to include: • community and acute approaches to managing crisis • support to three conversations ethos and interface between conversations 1 and 2 • to be developed in work with Partners 4 Change. Business case to be developed for new ways of working in phase 2 of the programme.	3, 4, 5, 6	1
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

Project area	Current status	Action and tasks	Strategic priority	Phase
Home first	Project lead in place and work underway to develop a home first model for the Partnership.	Formalise programme approach and agree defined workstreams. Establish project steering group and agree delivery plan.	1 – 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
Transformation of home-based care	Sustainable Community Support programme well established and working to create additional capacity within the independent market. 17% capacity increase realised since October 2018. Work underway to right size the internal home care service and establish a greater focus on reablement approaches, to better deal with unmet need in both hospital and the community. Outline strategic commissioning plans have been reviewed and appropriate actions from those plans relating to home care and care at home have been captured within the scope of this transformation project.	Project will continue to focus on workstreams relating to both the internal service and commissioned home care. This will include: • ongoing work with providers as part of the sustainable community support programme • review of success to date of the sustainable community support programme and assessment of whether additional capacity meets demand • review of care at home contract and future options • ongoing review and right sizing of internal service, with an increased focus on reablement • focus on training for staff (both internal and commissioned) to ensure quality of service	3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Redesign of bed-based care models	Bed based review work underway. Steering group and board established and analysis taking place to determine scope and scale of project and to develop a phased action plan. Outline strategic commissioning plans have been reviewed and appropriate actions from those plans relating to our bed based services have been captured within the scope of this transformation project.	Project will establish clear plans for short, medium and longer term changes to the way we manage and utilise our bed base to ensure maximum benefit and best outcomes across all client categories. Analysis to include: • care homes • HBCCC • interim and intermediate care - step up/step down. • emergency places.	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. Agreement that this should be an early priority for delivery and work underway to secure project management support.	Develop business case for overarching strategy for night time support. This will bring together existing workstreams around both internal overnight home care and commissioned overnight support, both sleepover and responder services. It will also seek to maximise the opportunities offered by TEC solutions to provide overnight support. Analysis to include: • existing sleepover/responder services and any gaps • overnight home care – usage and identification of appropriate alternatives • opportunities for improved continence support • opportunities for better partnership working with district nursing • consideration of emergency home care • options to maximise support from ATEC24 service.	1, 3, 4, 5, 6	1
Transforming transitions	Scoping exercise to be carried out to define the parameters of the project.	Project will review and redesign our approach to all transitions across all client groups, to ensure pathways are clear and effective and those transitioning are well supported.	1, 2, 3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Redesign of learning disability services	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include all aspects of service, both internal and commissioned. To include: • current and emerging policies • service operating model • staffing model • contracts.	1, 2, 3, 4, 5, 6	1
Transforming dementia services	Significant amount of work has taken place already as part of the Older People's Working Group. Scoping exercise to be carried out to review progress to date and define the parameters of the project.	Analysis to include: • pathways for assessment and service delivery • post diagnostic support for those with a dementia diagnosis and their carers.	3, 4, 5	1
The Edinburgh Health and Social Care Offer	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: • clarity on the substance of our offer and what statutory services can provide • communications and engagement with citizens and partners.	1 - 6	1 - 2

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	Scoping exercise to be carried out to define the parameters of the project. SWIFT replacement being developed. Implementation expected in the next two to four years. Work underway to assess options for new home care scheduling system to replace Webroster.	Analysis to include: • digital access to services and online self-assessment options • community directory and online advice options • SWIFT/AIS development and implementation strategy • integration of health and social care systems and interoperability • Webroster • intelligent automation including at home.	1, 4, 5	1
Structure review	Scoping exercise to be carried out to define the parameters of the project.	Analysis will initially cover a structural refresh leading to alignment to supporting the three conversations framework. Early engagement with staff side and union representatives and wider staff and stakeholders.	4, 5	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Workforce and cultural development	Initial workshop held with wide range of stakeholders to assess current status and issues and to define the scope and parameters of this project. A workforce steering group is already established and strategy is under development. This work will fold into the transformation programme once established.	Analysis to include: • coherence with workforce strategy • staff engagement • staff development • building a partnership ethos and culture.	2, 4, 5	1
Review and redesign of community equipment service and housing adaptations	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: • streamlining processes • storage, maintenance and delivery options • engagement with housing • care model options.	1, 2, 3, 4, 5, 6	1

Project area	Current status	Action and tasks	Strategic priority	Phase
Future Focussed Housing	Scoping exercise to be carried out to define the parameters of the project. Continue joint work to identify need for and ensure provision of affordable, warm, adaptable, accessible and connected homes to meet needs within the city (short, medium and long term). Commitment from housing sector to deliver 4,500 new affordable homes to support health and social care priorities. Investment in existing homes to improve health through improving housing quality. Implementation and mainstreaming of Housing First approach.	Project will bring together a range of strategic work around the development of “safe places”. To include: • sustainable housing and community planning • care village models/extra care housing options • safe places – dementia care. • housing adaptations.	1, 2, 3	1
Contribution Based Charging	Options appraisal work underway to determine way forward and define parameters of project.	Analysis of charging policy options. Development of detailed business case and plan to implement preferred option.	4, 5	1

Appendix 3 – Housing contribution statement to support Edinburgh Integration Joint Board 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 Strategic Plan 2019-22 priorities and to highlight the importance of housing in relation to health and well-being overall.

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 Strategic Plan 2019-22 identifies housing as a key cross-cutting theme and enabler.

The HCS has been informed through discussion across the housing sector, through the Edinburgh Affordable Housing Partnership Health and Social Care Sub Group, and with health and social care colleagues, including discussions at the EIJB Strategic Planning Group and an EIJB housing workshop in April 2019.

The main workstreams/project areas within the Strategic Plan which will require housing involvement are the Prevention Strategy and Technology Enabled Care projects (Conversation 1), the Re-design of bed-based care models, particularly in relation to step-up/step-down accommodation (Conversation 3) and the review of Adaptations and the Future Focused Housing Project, both of which sit within the Enabling workstream.

The Future Focused Housing project sets out key areas for joint working over the next three years, and beyond, to maximise the opportunities presented through the significant investment in new affordable homes (and existing homes). The key focus is on the joint commitment to ensure new homes meet future needs and new models of housing and care are developed in local communities, supporting independent living.

Given the role of housing in prevention and early intervention and in helping to tackle inequalities, there are other project areas in the Strategic Plan to which housing can contribute – the Sustainable Community support project area for example. The level of involvement and support from housing colleagues will be considered as part of the scoping exercise for each project.

The HCS is set out under the three themes of 'Supply, Services and Community'. These themes 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.

These themes align with the EIJB's home first guiding principle as well as the overarching strategic priorities of prevention and early intervention, tackling inequalities and right care, right place, right time.

The relationship between housing and health is multifaceted, as outlined in the Scottish Public Health Network publication 'Foundations for well-being: reconnecting public health and housing' (January 2017). The report outlines that physical characteristics of the dwelling itself, household experience, and aspects of place and community can all impact directly on health, as well as indirectly on health determinants, such as financial circumstances, education and employment, relationships and social life. Housing also has the potential to create, sustain, or exacerbate inequalities in health between different social groups.

Areas which traditionally had a high concentration of social rented housing are often found to correlate with higher levels of poor health. Whilst the tenure in these areas has changed in some cases, with an increase of owner occupation and private rented housing, the prevalence of health-related issues still remains.

Governance

The Edinburgh Affordable Housing Partnership (EAHP) Health and Social Care Sub Group 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 sub group is the forum which provides the housing representative for the EIJB Strategic Planning Group. Housing sector representatives have also been involved in the reference groups and working groups which developed the commissioning plans.

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 increases.

Housing's role in building new energy efficient homes and working with partners to develop green, healthy places, contributes to the city's sustainability approach, which recognises the importance of sustainability and climate change to the overall health, wellbeing and prosperity of the city and its citizens.

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 ten years; over 60% of these homes need to be affordable.

As at 31 March 2019, over 22,000 people in the city were registered for social rented housing through EdIndex, the Council's common housing register, with an average of around 190 households bidding for every social rented home that became available for let in 2018/19.

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).

Edinburgh was the most expensive local authority area to buy in Scotland in 2018, with an average selling price of over £266,000; an increase of 6.6% from 2017 and nearly 50% more expensive than the Scottish average of £179,121 (Registers of Scotland March 2019).

The average advertised monthly private rent in Edinburgh was over £1,100 in the first quarter of 2019, compared to a national average of £790 (Citylets Datahub). Over the last year Edinburgh has experienced an average annual rental growth of 5.0% compared to the national average annual growth of 1.7%.

The tenure mix in Edinburgh comprises of 60% owner occupied housing, 14% social rent and 26% private rented sector. This compares to Scottish average figures of 62% for owner occupation, 22% for social rent and 15% for the private rented sector (Scottish Household Survey 2017). Since 2000, the proportion of households in the PRS in the city has nearly doubled from 14%, with owner occupation rates falling by 9% over the same period. The reduction in home ownership and comparatively low levels of social rented stock mean more people have to rely on the private rented sector, pushing up housing costs in the city.

Edinburgh has the oldest housing in Scotland, with almost half (47%) of homes built before 1945 (Scottish House Condition Survey 2015-17), posing significant

challenges for upgrading homes to modern standards and improving energy efficiency of homes to tackle fuel poverty.

68% of homes in Edinburgh are flats, nearly double the Scottish average of 36% (Scottish House Condition Survey 2015-17), increasing the challenges in relation to adaptations and maintenance and improvement of communal areas.

The Scottish House Condition Survey (SHCS) 2015-17 estimates that 32% of all households in Edinburgh were said to have at least one member who is long term sick or disabled (LTSD), compared to the Scottish average of 44%. However, 63% of the households living in social housing were said to have a member who is LTSD (which is the same as the Scottish average), compared to 30% in owner occupied housing and 19% in private rented housing. Pensioner households are more likely to have a member with LTSD than other types of households. Households living in the social rented sector are also more likely to be receiving care services.

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, Homelessness and Fair Work Committee for submission to Scottish Government. The SHIP sets out the approach by the Council and its housing association partners to invest 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.

The team responsible for the Council's new build housing programme held a workshop in June 2019 to get input into the review of the new build homes design guide. It is anticipated the revised document will enable cost savings and faster

delivery while maintaining high design and build standards, future proofing housing for the next generation. The review and redraft of the design guide will take account of the net zero carbon target by 2030 and consider the best way to reduce rising development costs. This session brought together partners, including colleagues from Health and Social Care and discussions will continue in the context of the Future Focused Housing project area in the Strategic Plan.

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. The Edinburgh Living LLPs are expected to deliver around 1,500 homes over the next five years.

Mid rent housing can be an option for some people working in health & social care services who cannot afford to buy a home or rent on the open market and housing and health colleagues will work together to ensure this workforce is aware of mid rent opportunities.

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. 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.

Initial feedback from the Scottish Government stakeholder engagement exercise on Housing to 2040 picks up on many of the challenges for the housing sector going forward, alongside suggestions from participants on areas such as grant funding, reviewing the Housing for Varying Needs Standard and the provision of accessible homes for disabled people. The housing sector will continue to contribute to the discussions on the development of the Scottish Government vision for housing to 2040.

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 and;
- 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.

The public sector estate includes NHS-owned sites which are no longer required as hospital sites, such as Liberton, Royal Victoria Hospital and the Astley Ainslie. There are opportunities for health and social care, housing and other partners to make use of such assets to support delivery of the Strategic Plan priorities and guiding principles. For example, for the development of affordable and accessible housing, linked to service provision which helps people to live independently. Affordable housing could also be provided for key workers in the health and social care sector.

As outlined above, the affordable housing programme delivers specialist housing to support people to live independently. One example of this is the redevelopment of the Eastern General Hospital, delivering 193 homes in partnership between Bield, Hillcrest and Dunedin Canmore Housing Associations. In October 2018, Hillcrest Housing completed the final part of the redevelopment (36 homes) of this former hospital site in the north-east of Edinburgh. In an earlier phase Dunedin Canmore Housing and Hillcrest Housing completed a specialised dementia day care service, North Edinburgh Dementia Care (Seagrove Centre).

At their Fleming Place development, Bield Housing Association is offering affordable, high quality homes for social rent for people aged 50 and over. The development has also created a partnership between Bield and The Action Group (Scottish charity for individuals with support needs and learning difficulties) to offer leases on five flats within one block, with the aim of enabling five vulnerable older adults with additional learning requirements to be housed in a safe and supported environment. The accommodation being leased comprises one two-bedroom flat which will provide housing for a tenant, as well as sleepover accommodation for a carer and four one-bedroom flats. The Fleming Place model enables people to continue to live in their local area and to downsize from their family home to a flexible, affordable and accessible lifetime home. These properties enable people to live independently and as their needs change, they can continue to live in their home with the increased assistance, through digital connectivity and Community Alarm Service provided by the housing association.

The provision of dementia friendly housing is referenced within the Ageing Well Commissioning Plan and will be considered in the context of the Future Focused Housing project area.

Analysis of Edinburgh's housing market shows that 260 purpose-built retirement flats have been built in the city over the past five years, with 44 under construction

(April 2019). This represents around 4% of overall private housing completions over the same period. From this, it is clear there are only a small number of housing developers and investors who have chosen to invest in purpose-built housing for older people. House builders are choosing to target alternative market segments, such as, the provision of family housing. Where assisted living housing has been built in Edinburgh over the past five years it has been targeted at the upper end of the housing market with prices ranging from around £200,000 (one-bedroom property) to over £1 million (three-bedroom property).

The Later Living Housing report to the Council's Housing and Economy Committee on 6 June 2019 outlines some of the gaps and challenges in ensuring housing meets the needs of an ageing population, with further analysis on activity in the private sector.

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). Health benefits can be achieved through investing in energy efficiency and providing support to help people manage their energy consumption. The Council and RSL partners are working towards meeting the Scottish Government's Energy Efficiency Standards for Social Housing (EESSH) by December 2020. The Council is seeking to go beyond this standard and achieve an Energy Efficiency Rating of C or above, where possible. While standards such as EESSH have improved the quality and standards of social rented housing, more improvement is needed in the private sector, especially the private rented sector.

The Scottish Government announced the introduction of EESSH2 in June 2019. Although this only applies to social rented housing, this will continue to have an impact on private sector homes where energy efficiency measures are required in areas of mixed tenure blocks.

The Council can take the lead with essential repairs in flatted blocks where it owns a majority of homes in a block. The Council owns 678 blocks outright and is the majority owner in 925 blocks. There are however 2,910 blocks, 64% of total blocks, where the Council retains an interest, but has no majority and agreement from other owners is required to obtain the overall majority to progress necessary repair works. Where the Council is seeking to invest in improvement works the consent of all the owners in blocks is required.

The Council is taking forward a mixed tenure improvement strategy and work is putting in place a dedicated team to manage owner engagement and develop an enhanced scheme of assistance to help owners to pay for their share of repair works and investment in improvements. In 2019 the Council partnered with Under One Roof to deliver a seminar for private landlords on maintenance responsibilities and raise the profile of the Council's Edinburgh Shared Repairs Service, Trusted Traders

scheme, the mixed tenure strategy and future investment in blocks where the Council has tenanted properties.

The Council also responded to the Scottish Parliamentary Working Group on Tenement Maintenance consultation which seeks to improve legislation on maintenance to flats and tenements. The Council and partners will continue to contribute to the debate following the recommendations in the group's final report published in June 2019.

The Scottish Government is considering the introduction of regulations for energy efficiency for private rented properties, where minimum energy standards would have to be met. Consultation on this opened in June 2019.

As part of the work around the Ageing Well action plan, a collaborative approach will be taken to reviewing supported (sheltered) housing within the Council's ownership and associated digital support. This is part of a strategic approach, also taken by other housing providers, to ensure existing housing designated for a specific purpose can effectively meet the needs of current and future tenants. Strategically, we will also work with commissioned supported accommodation, to determine the best model going forward.

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. This focus on prevention supports conversation one of the three conversations model.

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.

Additional step-down accommodation is to be provided in the city. 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. Two additional housing association properties are being

offered as step-down accommodation (to add to the existing one) and provision of step-down will be considered as part of the re-design of bed-based care models project in the Strategic Plan.

A SMART demonstration home, formally opened in the Community and Rehabilitation Centre in Longstone in December 2018, has been set up by the Health and Social Care Partnership 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.

Nationally, among the housing sector and other partners, a great deal of work is taking place on the role of technology in supporting people to live independently. This includes the TEC in Housing Charter, developed as part of the Technology Enabled Care (TEC) Ready Programme funded by the Scottish Government's TEC programme and hosted by the Scottish Federation of Housing Associations (SFHA).

Encouraging people to plan for their future housing needs before crises happen and ensuring housing options information is widely available is an area that can be strengthened through joint working and increased awareness and promotion of local and national services, such as the Housing Options for Older People (HOOP) tool provided by Housing Options Scotland.

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.

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 IJBs.

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 EIJB.

Currently, the assessment of the need for aids or the adaptation of a property is carried out by Edinburgh Health and Social Care Partnership. Where an adaptation

for a Council property is required these adaptations are project managed by the Council's Housing Property Team and administration of the grants for private sector adaptations is managed by the Housing Property Team and Business Support within the Council.

Joint work is being progressed by officers in housing and health and social care to support the wider review of adaptations, one of the enabling projects in the Strategic Plan workstreams, which will be scoped out as project teams are established. This builds on joint work to improve service delivery, through the Edinburgh Equipment and Adaptations Partnership, which includes housing and health and social care staff (particularly occupational therapists) who are responsible for day-to-day delivery of the current service. The review will also consider work around adaptations in the national context, such as the Royal College of Occupational Therapists and Housing LIN publication (June 2019) on 'Adaptations Without Delay' and the recommendations from the Scottish Government's Adapting for Change pilot programme.

In 2018/19, 93 major adaptations were carried out in Council homes, alongside almost 700 minor adaptations, with a total spend of £750,000. 250 grant payments were made to fund private sector adaptations, with a spend of £950,000. Funding of £660,000 was also provided to registered social landlords for stage 3 adaptations in 2018/19. The 2019/20 budget for Council adaptations is £800k and £1 million for private sector adaptations.

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 Edinburgh Health and Social Care Partnership, 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.

Seventy 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 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 RRTP also outlines the Housing First approach being taken forward in Edinburgh, which will require continued joint working and resourcing from Health and Social care partners and which is referenced in the Thrive Edinburgh Commissioning Plan.

One of the other priorities for the homeless service is a renewed focus on providing advice and support to tenants (and landlords) in the private rented sector. Despite the overall number of homeless applications to the Council going down year on year since 2006/07, the percentage of households citing the loss of private rented tenancies as the cause of homelessness has been increasing in recent years. The Council has commissioned Crisis to deliver 'Help to Rent Edinburgh', a service to help people who are currently homeless in Edinburgh to find and keep a home in the

private rented sector. For example, where appropriate, the service will provide help to find a flatmate or a flat-share, to get a deposit and pay rent in advance, to find furniture and to sort out any tenancy problems. In 2019/20 the Council also agreed to put in place a dedicated officer in each of the localities to work with private rented tenants at risk of becoming homeless, providing intensive support to help tenants remain in their home.

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 in an enabling role, delivering a wide range of services to help people live independently at home and connect with their local communities, which fits with the ethos of three conversations model. This includes the way housing teams work in locality-based settings and the increased focus on placemaking in relation to new developments. Housing's contribution to the Thrive Edinburgh Partnership stakeholder group was, and continues to be, important, particularly around place to live and closing the inequalities gap themes.

As part of the Council new build programme 96 homes for older people are being developed in Pennywell Town Centre. Nine wheelchair flats, 14 amenity flats and 73 mainstream (for older people) flats are being built as part of the wider regeneration of the area. These homes will have lift access and shared communal space, providing safe, accessible and secure accommodation aimed at reducing social isolation. There is already a new H&SC Partnership Centre in the area, alongside a range of shops and aimed at meeting local needs. The new civic square, made up of soft and hard landscaping, will provide quality recreational space to encourage social interaction and enhance overall health and wellbeing.

The Place Standard is a practical tool developed in partnership between Scottish Government Architecture & Place, NHS Health Scotland, and Architecture and Design Scotland. It aims to provide a framework for assessing a particular place, whether well established, in transition, or planned, against key aspects of the physical and social environment that support health and wellbeing. The tool can highlight the assets of a place as well as the areas where it could be improved, using an easily understandable output diagram. It is freely accessible for all, including communities, the third sector, the private sector, and the public sector. It can be used to support conversations about places, planning, and regeneration; undertake assessments; and identify priority actions. The place standard tool has been used by the Council in recent consultations with citizens on the redevelopment of the Meadowbank and Powderhall sites, among others.

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.

Examples of the wider enabling/facilitating role of housing in communities is provided in three case studies below. These demonstrate a range of different activities and approaches which seek to connect and empower people within their own homes and communities, which housing providers undertake across the city.

Prospect Community Housing: tasting change

Tasting Change was a partnership project funded through the Aspiring Communities Fund that aimed to respond to local priorities and community aspirations in Wester Hailes through tackling the inequalities created by food insecurity. Tasting Change designed and delivered a range of activities with a focus on reducing the causes and effects of food insecurity. People regularly experience anxiety over a lack of reliable access to a sufficient quantity of affordable food both for themselves and for their families. Food insecurity impacts negatively on eating healthily. It creates social isolation and crucially stops people becoming involved in their local community. The funding supported staff posts that were embedded in local partner organisations who then worked together to deliver a range of activities including cooking courses, healthy eating sessions, shared community meals, accredited food and hygiene training, income maximisation advice, volunteering, and a food co-op. Throughout the Tasting Change project there has been emphasis on dignity: shared learning, inclusivity, social connections and the empowerment of having the opportunity to contribute and be involved have all been key features.

Prospect acted as lead partner and fundholder for Tasting Change, working closely with the delivery partners SCOREscotland, The Health Agency, WHALE Arts and CHAI. As a housing association, Prospect had the capacity to manage the extensive financial requirements of this project as well as collating the evidence required for the quarterly claims and monitoring reports. This enabled the delivery partners to focus on developing and running the wide programme of activities. Prospect's community-based approach meant that they already had strong relationships with the partner organisations who were delivering the activities, enabling close collaboration.

Viewpoint intergenerational working

As part of our commitment to "Joy in later years" Viewpoint recognises that our housing complexes sit within communities across the city of Edinburgh. In some of our complexes, as well as our care homes, residents and staff have had long running relationships with local schools and nurseries.

Shared activities such as crafts or music, provide opportunities to break down generational barriers and instil a sense of connection. Our visiting young people are increasingly coming along to interact with rather than 'perform' for our residents. This enhances the children and young people's sense of community and fosters an

understanding and respect for older people. It offers opportunities for learning through exposure to people with lived experiences of historic events or times, bringing their learning to life.

For our residents, many of whom live many miles from their own grandchildren or great-grandchildren, spending time with children and young people gives them a sense of purpose and an opportunity to play that they wouldn't ordinarily have. In sharing their experiences and skills they have an increased sense of purpose and connection with younger generations.

Our residents really look forward to the visits by nursery children in particular. At Inverard House, the nursery at the Edinburgh Academy visit once a month and spend an hour or so with their friends. Academy staff tell us that the children are made to feel so welcome and the residents always put a lot of thought into the activities to entertain the children. They find it a very worthwhile activity as part of the curriculum of excellence. Our residents take a huge sense of pride in the work they are doing with the nursery and enjoy getting to know the personalities of all the children. They have a real sense of purpose in contributing to the learning of these three and four year old children.

Fortune Place, Castle Rock Edinvar Housing Association

Fortune Place in South Edinburgh, developed by Castle Rock Edinvar Housing Association (CREHA), is an award-winning development of 54 flats for people over the age of 60. The flats are designed to cater for different and changing needs to enable people to live at home contently for as long as possible. Awards include the Best Healthcare Scheme award and a special commendation for Scotland at the Planning and Placemaking Awards in June 2016.

What makes Fortune Place so special and different is it's a community. The development has indoor and outdoor space for people to share, encouraging people to converse, socialise and feel part of a community.

CREHA produced a research report after developing Fortune Place to influence the future of affordable housing for older people. This seeks to answer questions such as how they would:

- design homes with ageing in mind
- encourage people to go outside
- promote greater social interaction and prevent loneliness
- maximise income in later life and prevent poverty
- increase digital participation.

Conclusion and actions

As outlined in the HCS, the links between housing and health take many forms and the role of the housing sector in supporting health and social care priorities extends beyond the provision of homes.

The Future Focused Housing project area within the Strategic Plan will be action to take forward the joint commitment to ensure new homes meet future needs and new models of housing and care are developed in local communities, supporting independent living.

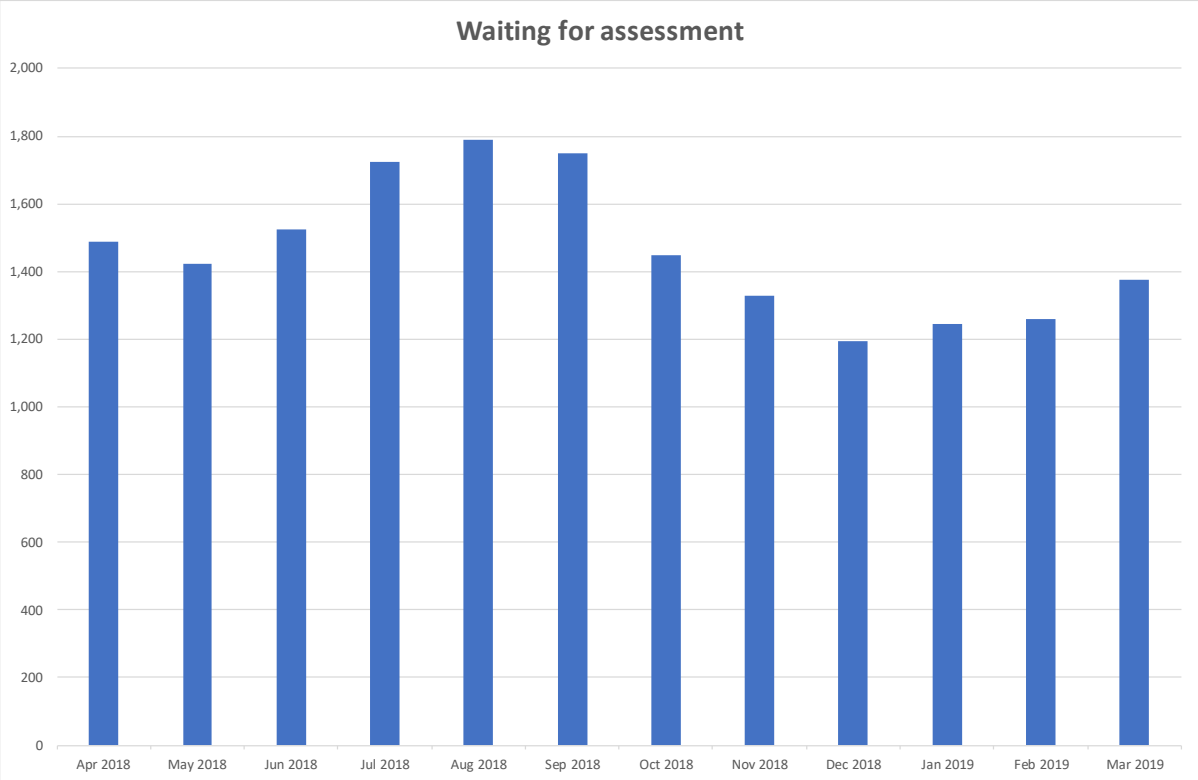
Housing and health and social care partners will also jointly develop new technology which can be embedded in homes to support independent living and housing will be involved as appropriate in other project areas identified in the Strategic Plan, for example review of adaptations.

The EIJB may identify further areas of housing and health linkages to be investigated or strengthened, some of which are touched on in the HCS, and this can be facilitated through discussions at the SPG, the Edinburgh Affordable Housing Partnership Health and Social Care Sub Group or at specific workshops.

Appendix 4 – Key performance Data

Waiting for assessment

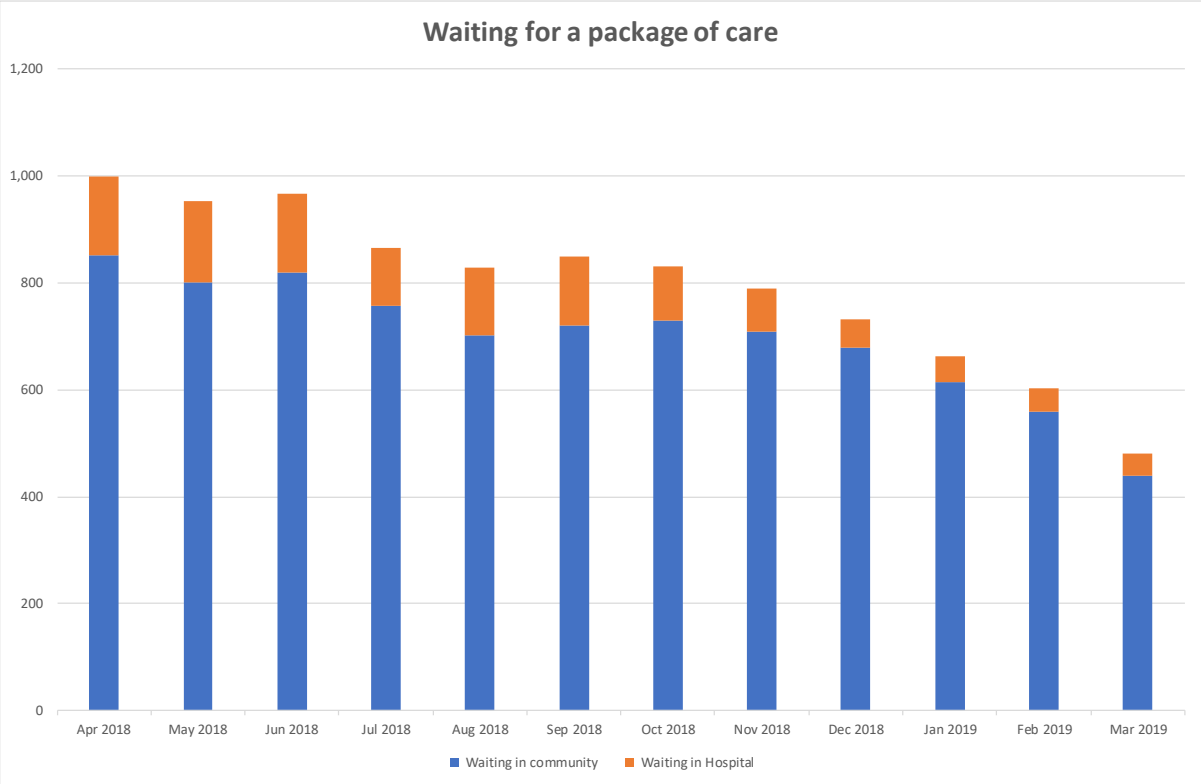
The number of people waiting for assessment peaked in the summer of 2018 when 1,790 people were waiting for an assessment at the end of August. Substantial improvements were made during the rest of 2018 which saw the number of people waiting fall by a third, to 1,196 by the end of December 2018. However, by March 2019, the number of people waiting had increased to 1,375.



Waiting for a package of care

There were sustained improvements throughout the year in the number of people waiting for a package of care. From the end of April 2018 to the end of March 2019 the number of people in their own home waiting for a package of care fell by almost half (48%) from 851 people to 440. The number of people in hospital waiting for a package of care fell by almost three quarters (73%) from 149 to 40.

These improvements have in part been realised by stronger partnership working between the Reablement teams in the Locality Hubs and Home Care teams in Locality Clusters with partner providers in the independent sector. The Sustainable Community Support Project has brought about the alignment of contract terms which has in turn led to improved recruitment and retention of staff in independent sector providers, allowing an expansion of capacity. Stricter management of the waiting list has also seen greater throughput in the Reablement teams allowing more people to benefit from the service.



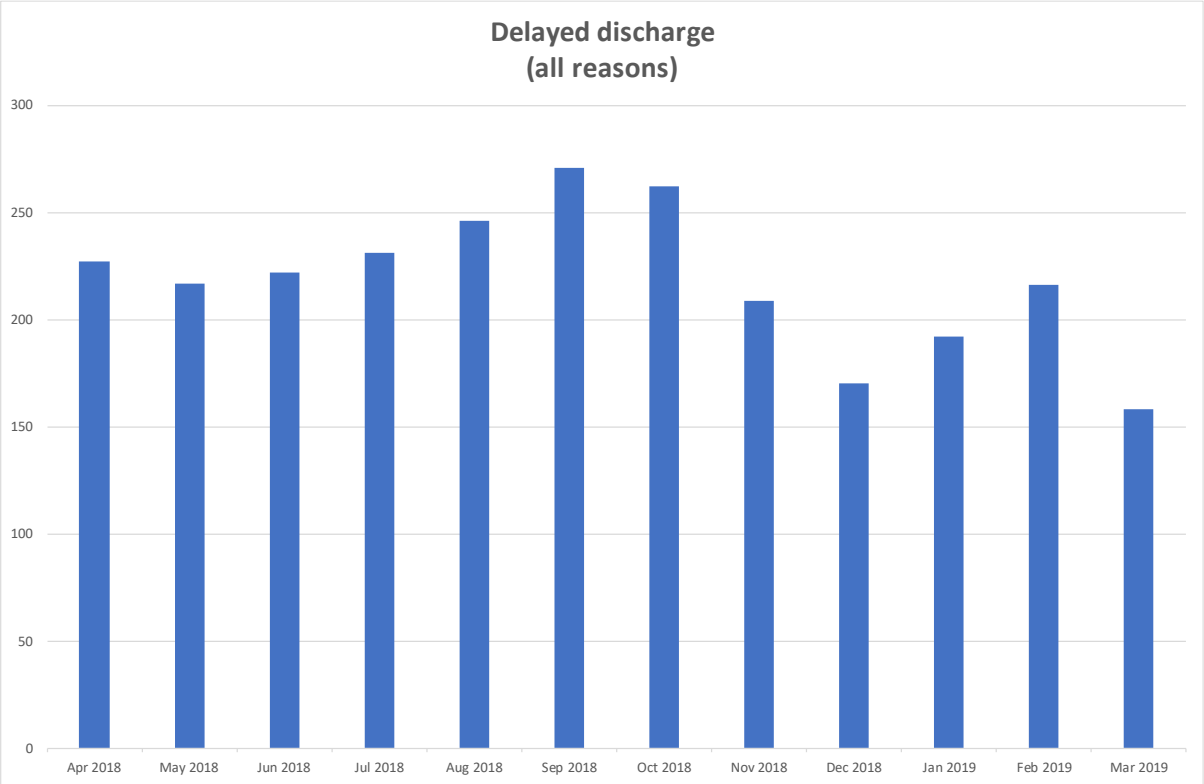
Delayed discharge

Delayed discharge is multi-faceted area which impacts people and the system in different ways. Not only is the headline number of people delayed of importance, but also the length of delay for these patients.

Each month NHS National Services Scotland Information Services Division (ISD) carry out a census on the last Thursday of the month of all patients whose discharge from hospital has been delayed. Local data are readily available and are monitored.

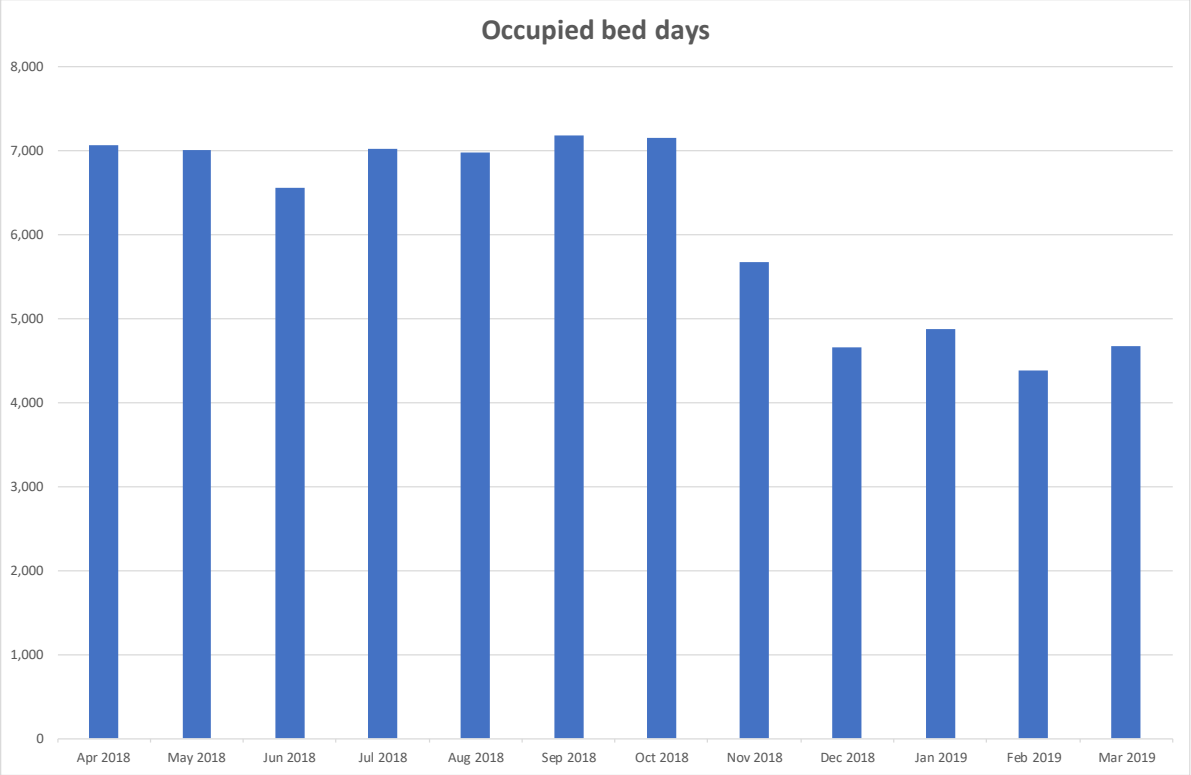
The number of patients who are residents of Edinburgh in NHS Lothian hospitals who delayed for all reasons is closely monitored. The local measure of all people delayed at census point each month shows that by the end of 2018/19 there were fewer people delayed than at the beginning of the year, although January and

February 2019 saw a worsening of the position on that achieved in December 2018, however, March 2019 saw the lowest number of people delayed in the year.



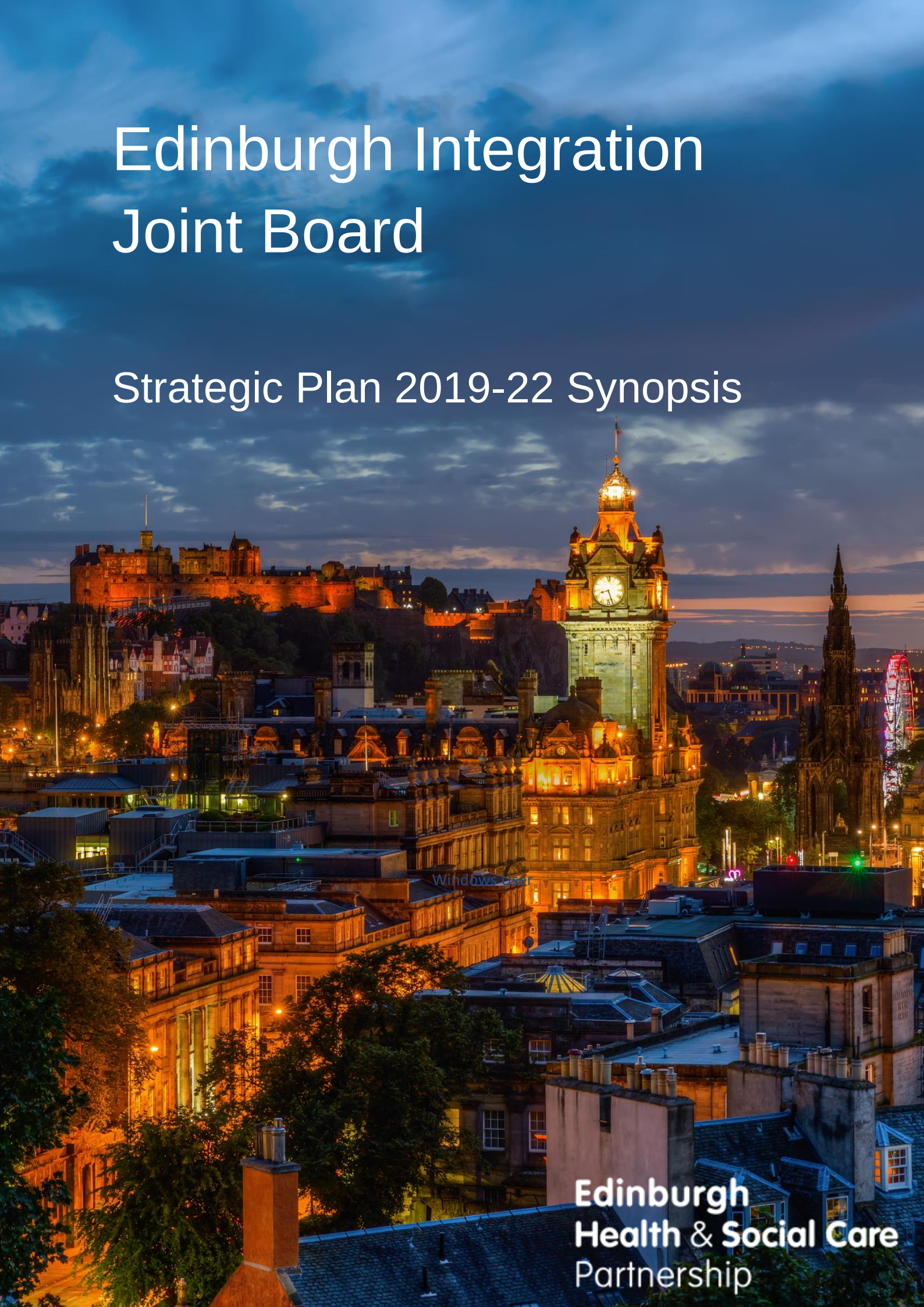
Delayed discharge is also a national priority and the Ministerial Strategic Group monitors the number of bed days lost to delayed discharge where the delay reason is not complex. Most delays that are classified as complex are due to delays in the Partnership obtaining legal guardianship for people when they no longer have capacity to make decisions about the care they require. This is a subset of patients included in the local measure, however, by looking at the number of bed days lost in the month the impact of delayed discharge on the system becomes startling.

In April 2018 there were 7,075 bed days lost to patients whose discharge had been delayed. This was fairly stable during the first seven months of 2018/19 however from November 2018 onwards the number of lost bed days each month had fallen sharply. In March 2019 4,680 bed days were lost, two thirds of the number of days lost the previous April. Averaged over the month this equates to 85 additional beds available every day.


Occupied bed days
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Apr 2018
May 2018
Jun 2018
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019

Edinburgh Integration Joint Board

Strategic Plan 2019-22 Synopsis



Edinburgh Health & Social Care Partnership

1. Strategic Framework

Over the past three years, the Edinburgh Integration Joint Board (EIJB) has established itself as a Board and developed its ambitions and priorities for change and improvement in the services delegated to it by its partner organisations NHS Lothian and the City of Edinburgh Council. Throughout this period, we have made steady progress across a range of services, but there are challenges ahead with the population of Edinburgh projected to grow faster than any other city in Scotland over the next 20 years.

Our new Strategic Plan for 2019-2022 sets out how health and social care services will evolve in Edinburgh over the next series of planning cycles in outline and the next three years in detail. It defines our vision for the future of health and social care in Edinburgh, explains how we intend to transition towards this and highlights the resources and enablers we must manage to achieve our objectives. There remains much to do, but together we can create the conditions to deliver a sustainable health and social care model for the citizens of Edinburgh.

Over the next planning cycle, we will focus predominantly on four key areas: redefining the Edinburgh Offer, embracing the Three Conversations Approach, adopting the principle of Home First and advancing our transformation programme. Our strategic framework is captured in the schematic below (Figure 1).

Figure 1: Strategic Framework

2. Intent

The EIJB intent is to further develop integration to deliver a sustainable and trusted health and social care system for Edinburgh. We will redesign and transform through a comprehensive programme starting in autumn 2019. We seek to reduce bureaucracy, reduce waiting lists and assist people to remain at home for as long as they can under the principle of home first. Working closely with our partners including housing providers and the voluntary and independent sectors, we seek to optimise all available resources in the community and to support and enhance our locality framework and redefine the Edinburgh health and social care offer.

We will strive to support carers and our workforce and seek 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, market facilitation approach and ways of working. We will make best use of existing and emerging technology and the three conversations approach will be introduced across the city to advance our strategic priorities. Delivering these vital changes will take time and will need positive leadership and drive at all levels.

To achieve our intent, we will:

- Enhance our efforts in prevention and early intervention
- Optimise all available resources in the community
- Continue to build our partnership with the voluntary and independent sectors
- Redefine the Edinburgh health and social care offer
- Make best use of existing and emerging technology
- Establish the Three Conversations approach across the city

3. Strategic Priorities

We have six strategic priorities which are 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. Our six strategic priorities are:

Figure 2: Strategic Priorities

4. Four Key Elements

There are four key elements which underpin the Strategic Plan. Each element is inter-linked and will run concurrently over this planning cycle and beyond. These elements are outlined below:

The Edinburgh (health and social care) Offer

Aim: To optimise alignment between public expectation and realistic delivery of our services.

The Edinburgh Offer will actively engage our citizens in a more active and collaborative way. It will form a modern pact between providers and citizens by working alongside formal health and social care agencies, as well as other partners within our communities, to build genuine collaborations which support individuals and communities through co-production.

The Three Conversations Approach

Aim: To move away from the conventional approach to care which triages people, requires completion of unwieldy documents, involves hand offs and presumes the need for formal services.

The Three Conversations Approach provides three clear and precise ways of interacting with people that focus on what matters to them:

Conversation 1: Listen and Connect

Conversation 2: Work intensively with people in crisis

Conversation 3: Build a good life

Home First

Aim: To shift the balance of care from acute hospital services to home or a homely setting within the community.

Home First will be delivered through prevention of admission or early supported discharge and will eventually replace the current model of placements being regularly determined by hospital-based assessors. 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.

Transformation

Aim: To build momentum and implement EIJB aspirations for Edinburgh.

The transformation programme has been designed around a comprehensive package of work which will capture existing and emerging work streams and channel our effort to concentrate resource to reduce overlap and avoid duplication.

The programme will be conducted at pace over two phases:

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

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

6. Implementation

The transformation programme is part of the EIJB approved direction and has been designed within the construct of the three conversations framework supported by enabling activity. These work streams will be monitored and directed by the EIJB and manged by the EHSCP in two phases:

Phase 1 - Prelims and launch (1 July 2019 to 31 March 2020): phase 1 will be focused on getting organised and aligned to the start of the transformation programme whilst maintaining our efforts on current business. The Good Governance Institute (GGI) will continue to work with the EIJB at the higher level which will include refinement of the supporting sub-committees. The first Three Conversations innovation sites will be established from July 2019. Finally, the transformation programme and a range of internal reviews will begin from autumn 2019.

Tasks:

- complete preliminary activity
- initiate three conversations approach
- establish transformation programme and governance structure
- complete GGI development work with EIJB
- consult on and publish redefined Edinburgh health and social care offer
- launch new EHSCP website
- conduct EHSCP structural review
- conduct planning cycle review
- conduct performance management review
- refine market facilitation approach
- refine and implement communications and engagement plan.

- **Phase 2** - Continuation and implementation (1 April 2020 to 31 March 2022): phase 2 will continue the projects within the transformation programme and implement agreed actions from projects and reviews that have been completed. Throughout the planning cycle Directions will be presented to the EIJB for authorisation. Concurrently, the Strategic Plan will be monitored, refined and aligned to the planning for the next strategic cycle.

  Tasks:

  - continuation of transformation programme
  - continue roll out of three conversations approach
  - implement outcomes from projects
  - implement outcome of EHSCP structural review
  - implement outcome of planning cycle review
  - implement outcome of performance management review

- implement outcome of review of services
- review Strategic Plan and Directions
- conduct new Joint Strategic Needs Assessment
- preparations for the next strategic planning cycle
- continuation of transformation programme
- extension of Partners 4 Change support to three conversations as required
- production of Strategic Plan 2022-2025.

7. Finance

As the EIJB's resources flow through the Council and NHS Lothian, the financial constraints facing our partner organisations are equally relevant for the EIJB. The agreed budget for this financial year (2019/20) is estimated at £666m as shown in figure 3 below.

The initial assessment of the cost of delivering our strategic plan in 2019/20 is £684 million, giving us a savings requirement of £24 million, or 3.6%. This level of efficiency, set against a background of increasing pressure on services, is challenging.

Figure 3: EIJB Budget 2019/20

Our financial strategy focuses on driving out waste and service redesign. We are confident that the transformation programme will achieve efficiencies that assist in delivering financial balance in the medium and longer term. Alongside this, it is fundamental that we make savings now and across 2019. Our approach is to primarily focus on the immediate term, mainly on 'grip and control' measures. This is set out in the following "3 horizon" schematic:

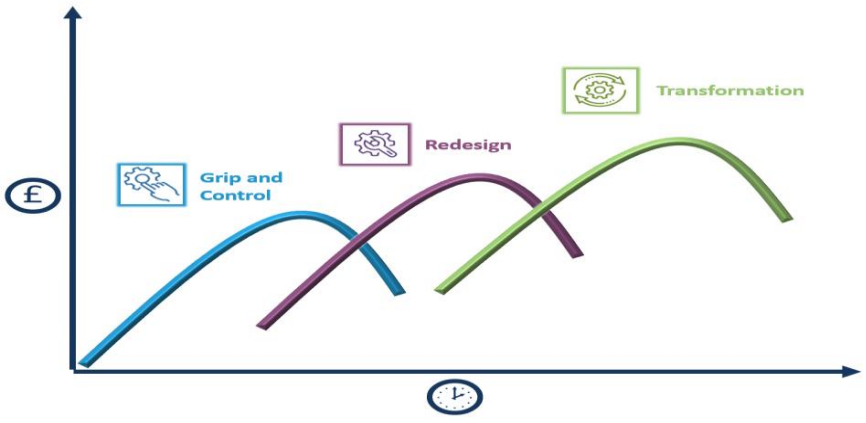


Figure 4: Financial strategy

Briefing Note

Strategic Plan 2019-2022 Consultation Analysis
Edinburgh Integration Joint Board

Tuesday 20 August 2019

Executive Summary

1. On Friday 29 March 2019 the Edinburgh Integration Joint Board (EIJB) approved the draft Strategic Plan 2019-2022. A 3-month consultation period then took place from 16 April to 12 July 2019.

2. To assist the consultation period an Easy Read version of the Strategic Plan was published, and consultation was conducted in accordance with a comprehensive Engagement Action Plan.

3. The overall feedback has been generally positive, with a c75% approval rating from the on-line survey for the four key elements of the Strategic Plan.

4. Feedback from the consultation has been considered and factored into the final draft of the Strategic Plan 2019-2022.

Recommendations

5. The Edinburgh Integration Joint Board is asked to:

   i. Note the detail of the consultation analysis as part of the supporting paperwork to the Strategic Plan 2019-2022 at Appendices 1 and 2.

Background

6. On Friday 29 March 2019 the EIJB approved the draft Strategic Plan 2019-2022. A consultation period then took place from 16 April to 12 July 2019. To assist the consultation period an Easy Read version of the Strategic Plan was published, and consultation was conducted in accordance with a comprehensive Engagement Action Plan which involved direct engagement with over 450 personnel and attracted 106 online survey responses.

7. The partnership took a multi-channel approach to this engagement, using media, social media and established Health and Social Care networks to encourage

people to get involved. During the engagement process, we engaged citizens, people who use our services, our staff group and colleagues in the third and independent sectors. People could fill in a questionnaire online or attend one of the sessions that were arranged to give people the opportunity to provide their views face to face.

8. The list of events and groups consulted are captured in the table below:

Date	Group/meeting name	Number attended
02.05.19	Drop in session for third sector organisations	0
03.05.19	Learning Disability Forum	16
03.05.19	Heads Up @ Clermiston Peer Support Group (physical disability)	14
08.05.19	Drop in session for people with a physical disability	3
09.05.19	Drop in session for third sector organisations	0
13.05.19	St Brides Stroke Support Group	5
14.05.19	Drop in session for SE staff	45
15.05.19	EVOC ThinkSpace event	56
15.05.19	Stroke Association internal event	Cancelled
20.05.19	Drop in session for SW staff	18
21.05.19	Older People Reference and Working Groups	8
22.05.19	Drop in session for people with a physical disability	0
22.05.19	Drop in session for NW staff	42
24.05.19	Drop in session for SW staff	34
Wb 27.05.19	MS Therapy Centre mini drop in sessions	23
27.05.19	Drop in session for people with a physical disability	1
27.05.19	St Bride's Stroke Support Group	5
30.05.19	Session with People First Edinburgh Advocating Together group	10
30.05.19	Drop in session for people with a physical disability	1
30.05.19	Chest Heart and Stroke Scotland session	5
31.05.19	World Café event for people who have learning disabilities	41
04.06.19	Town Hall event for staff	85
04.06.19	Edinburgh Disability Forum	12 providers

Date	Group/meeting name	Number attended
28.06.19	Partners in Advocacy	5
05.06.19	Edinburgh Headway Group	3
06.06.19	Drop in session for people with a physical disability	1
21.06.19	Staff Drop in session	5

9. The online questionnaire asked questions about:

- our vision and values
- the principle of Home First
- the Edinburgh health and social care Offer
- the Three Conversations approach
- equality outcomes.

Respondents were broadly in favour of the direction of travel proposed in the draft Strategic Plan but wanted to hear more about how it would be implemented. They felt that when developing the Edinburgh Offer especially, ongoing, transparent and easy to access engagement with all stakeholders was essential.

10. In addition, the Interim Head of Strategic Planning provided on request tailored briefings on the draft Strategic Plan to a range of organisations including the Older Peoples, Mental Health and Primary Care Reference Groups, the Community Council and the Professional Advisory Group.

11. The overall feedback has been generally positive, with a c75% approval rating from the on-line survey for the four key elements of the Strategic Plan. There was at times an underlying air of cynicism and a lack of confidence in being able to turn the strategy into reality. There were also were some concerns raised on the detail of implementation. A summary of the consultation results is captured at Appendix 1.

12. The feedback captured during the consultation period has been recorded and taken fully into account with the redrafting of the Strategic Plan 2019-2022. A PDF summary report is at Appendix 2.

Key risks

13. There is always a risk that those who contributed to the consultation may feel that their voices have not been heard. In mitigation, this briefing note has been prepared to describe the approach taken, provide the collected data and share

the analysis. The feedback has been considered and has resulted in a considerable redrafting of the draft Strategic Plan 2019-2022.

Financial implications

14. None.

Implications for Directions

15. None.

Sustainability implications

16. None.

Involving people

17. The consultation period engaged in excess of 450 people with 106 on-line survey responses.

18. Future engagement will be sought to support the transformation programme.

Impact on plans of other parties

19. None.

Background reading/references

20. None.

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Tony Duncan, Interim Head of Strategic Planning

E-mail: Tony.Duncan@edinburgh.gov.uk | Tel: 0131 553 8444

Appendices

Appendix 1	Powerpoint analysis summary of the consultation feedback
Appendix 2	PDF summary report including protected characteristics.

Draft Strategic Plan 2019-2022 Consultation

Summary of Results

Background

- The consultation period was 16 April – 12 July 2019
- People could fill in the online questionnaire, or attend one of the group sessions arranged throughout the consultation period
- Around 450 people engaged in the process, including 106 online responses
- Responses were received from citizens, people who use our services, our staff and our colleagues in the third and independent sector

Methodology

- Consultation Hub Questionnaire
- Offline Questionnaire
- Group Sessions/Drop ins (with colleagues, partners and citizens groups)

Response

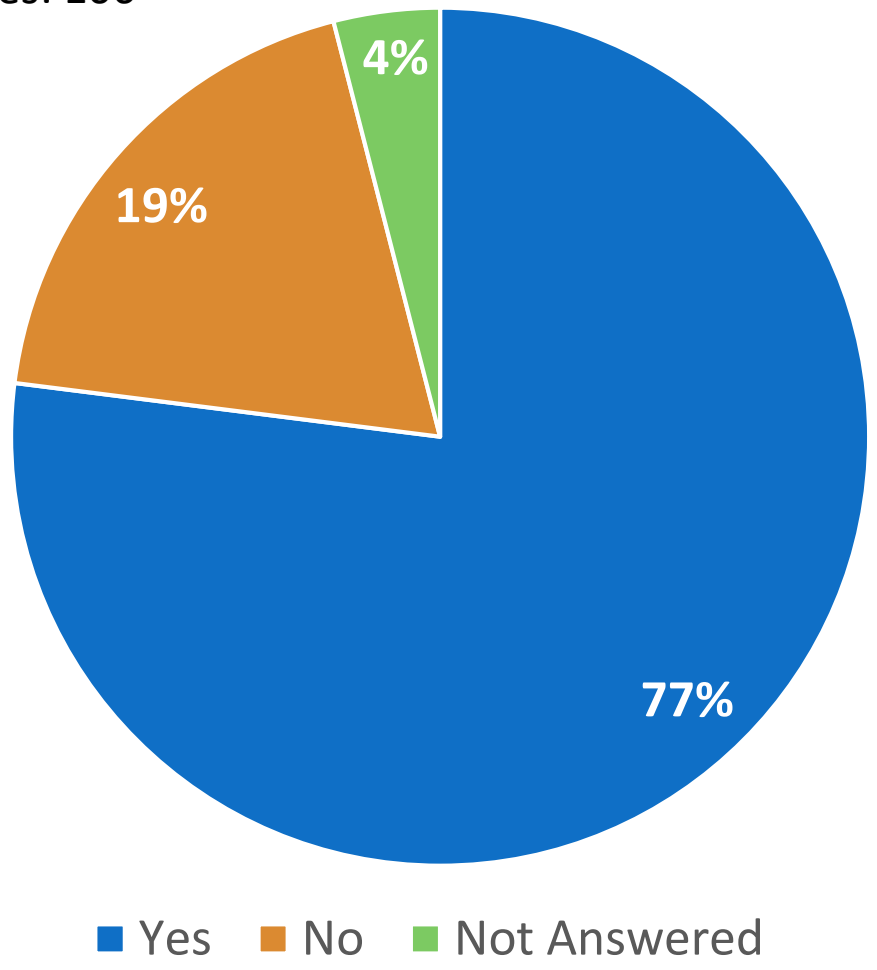
- Number of Consultation Hub responses: 106
- Number of citizen groups (including PD, LD, OP): 15
- Number of colleague groups (including CEC, NHS Lothian, Third Sector): 8

- Note: Respondents did not answer all questions

Are our vision and values the right ones?

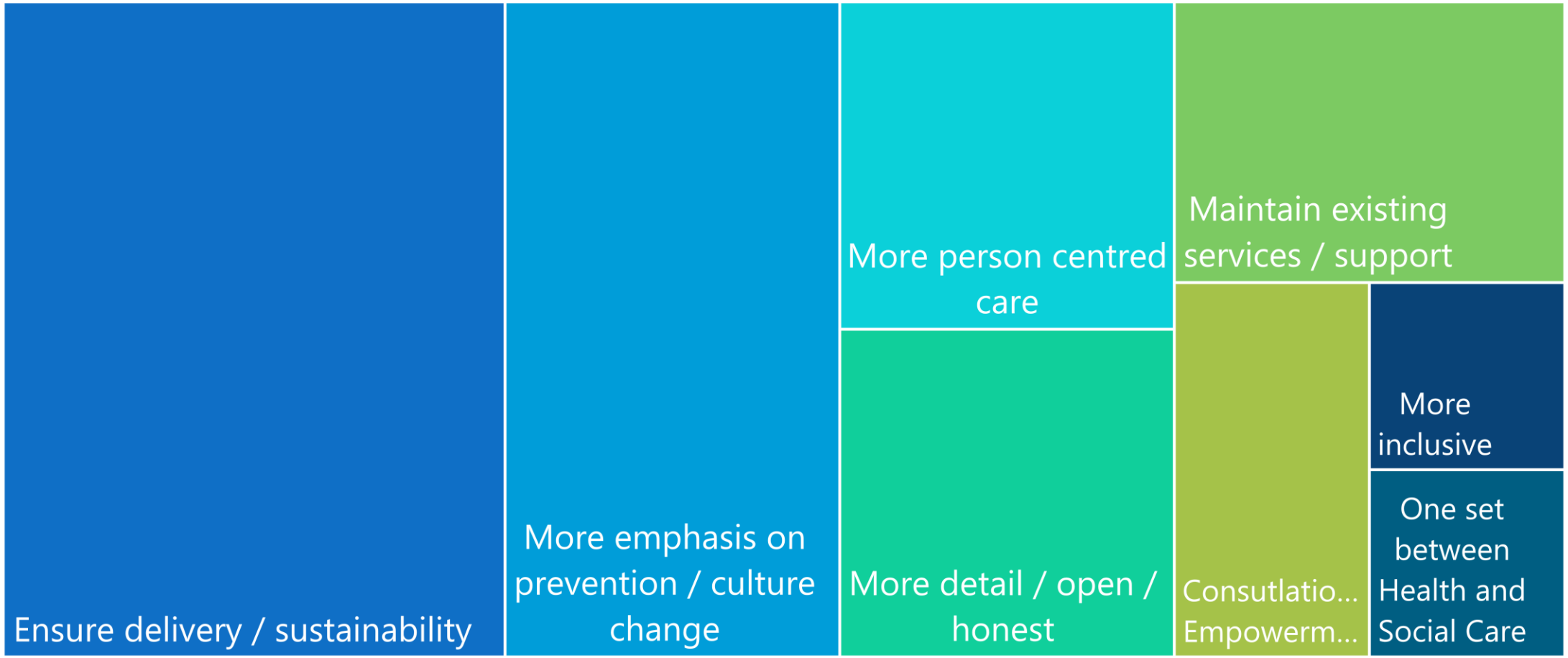
Consultation Hub Respondents only

Number of consultation hub responses: 106



General agreement with the visions and values in citizen, staff and partner group sessions. Yet, there was some clarity and detail requested along with suggestions.

Are our vision and values the right ones? If no, what should they be?



Note: Number of consultation hub responses to this question: 30. The above also includes themes coming out of group sessions

Are our vision and values the right ones? If no, what should they be?

Yes, more emphasis on prevention and a robust strategy for inclusive care for individuals who need this. What are the implications of lifestyle choices? How will that be integrated for service access?

'Culture' key. Requires focus and energy. Require to empower staff. Build infrastructure. Value and develop workforce.

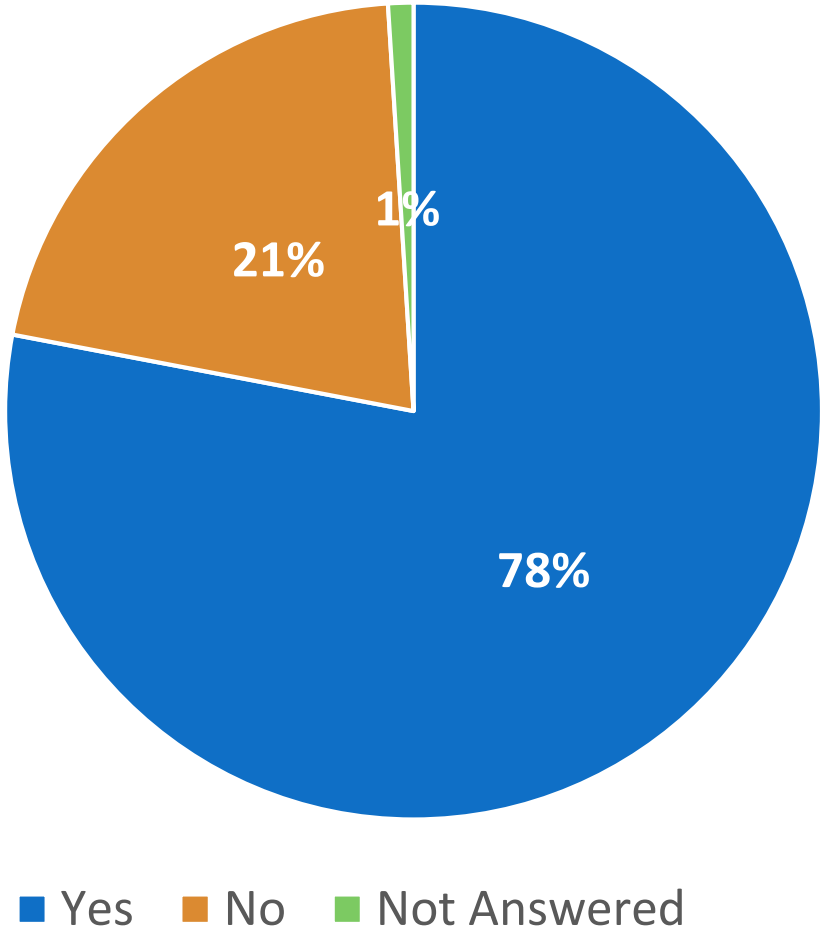
The plan should be more honest about the challenges.

There is a concern around how the vision and values translate into deliverable actions – how will they convert words into actions?

Do you agree with our proposed intent to concentrate resources in the community rather than hospital settings?

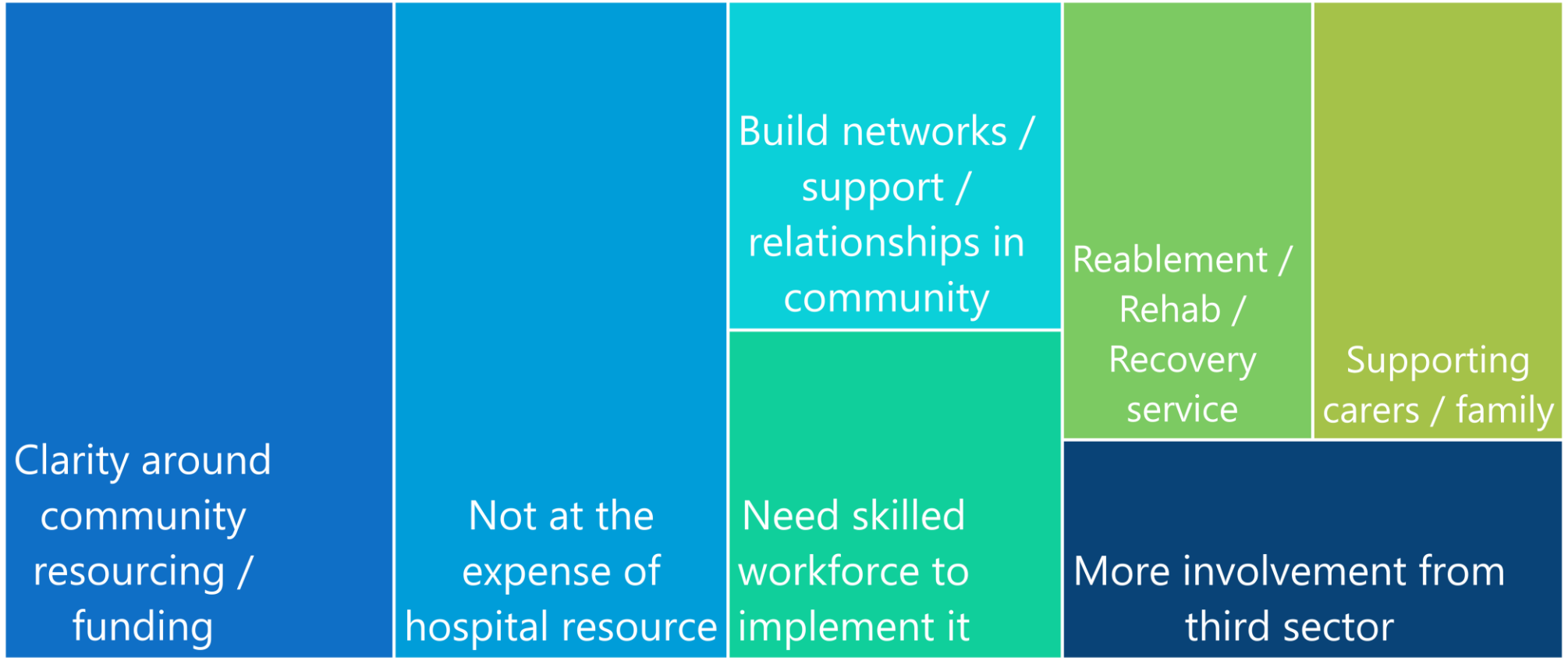
Consultation Hub Respondents only

Number of consultation hub responses: 106



General consensus in citizen, staff and partner group sessions was agreement with concentrating resources in the community. Yet, there were some disagreement, questions and suggestions raised.

Do you agree with our proposed intent to concentrate resources in the community rather than hospital settings? If no, what should our intent be?



Note: Number of consultation hub responses to this question: 38. The above also includes themes coming out of group sessions

Do you agree with our proposed intent to concentrate resources in the community rather than hospital settings? If no, what should our intent be?

Community resources are getting reduced so does not fit with idea of people using things in their local communities instead of services.

Community resources must not be at the expense of hospital resources. This was felt strongly, given the poor experience of individuals while in hospital settings.

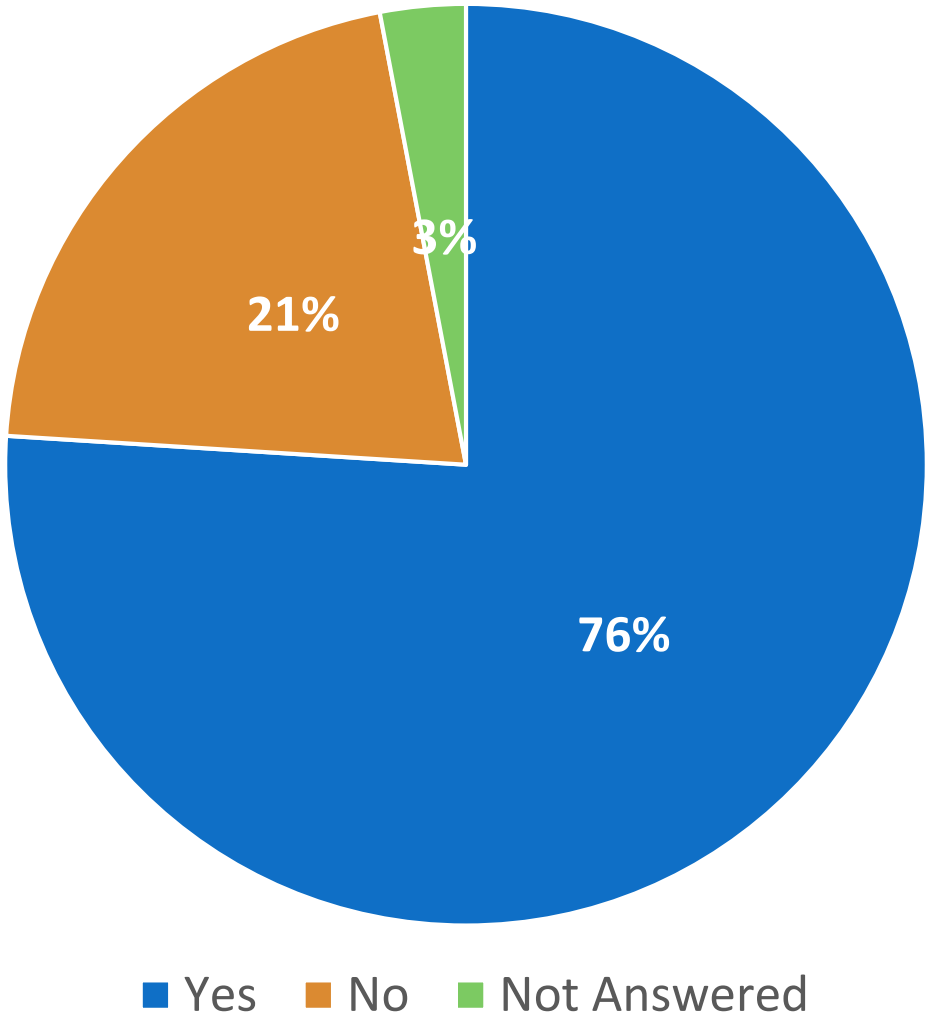
Yes, but we would need to have an 'instead of' or 'who else'. We need alternatives and options 'on offer'. Integration and co-production HAS to be a reality and working effectively.

Unfortunately quite a lot of staff are not trained or don't understand my condition.

Do you agree with the principles of a redefined Edinburgh offer?

Consultation Hub Respondents only

Number of consultation hub responses: 106



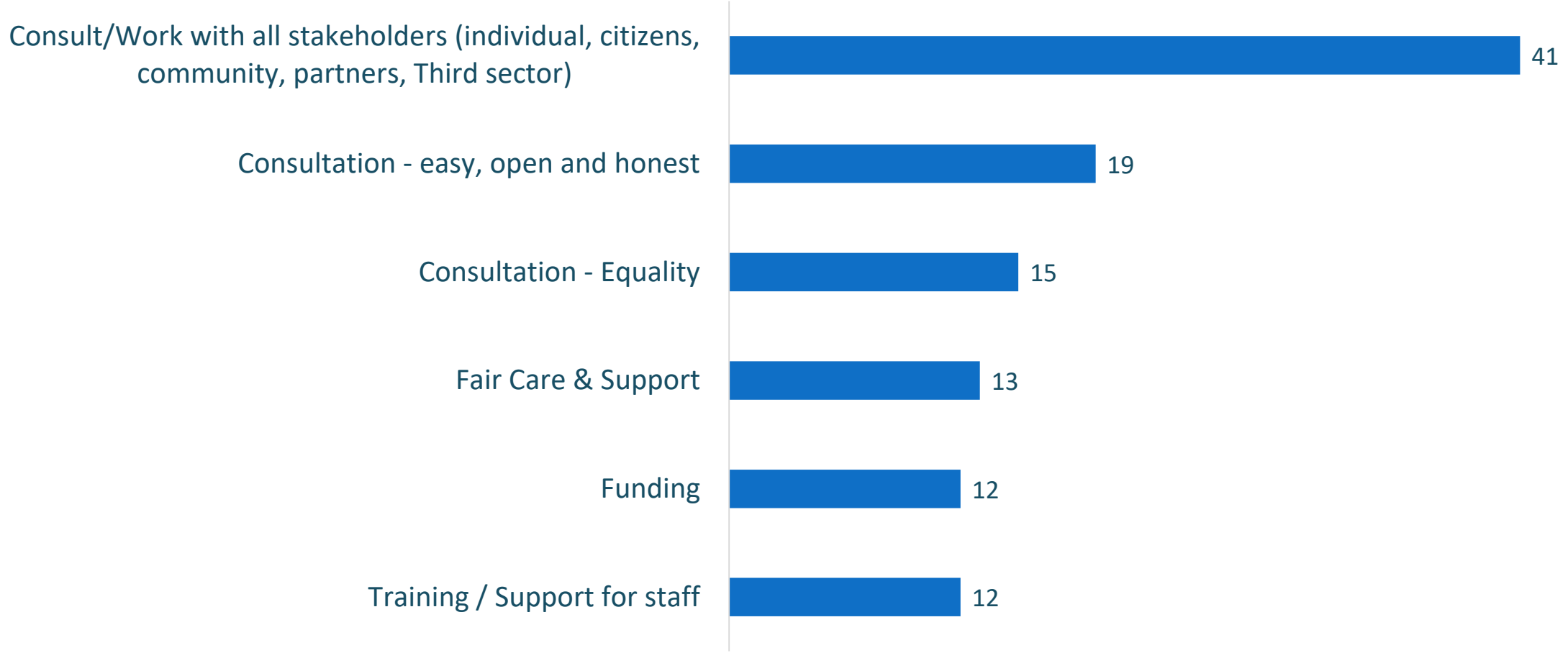
General consensus in citizen, staff and partner group sessions was agreement with the principles of a refined Edinburgh offer. Yet, there was some disparity, questions raised and ideas suggested.

What should we consider when developing the new Edinburgh offer?

Top themes

Consultation Hub respondents

(by number of mentions)

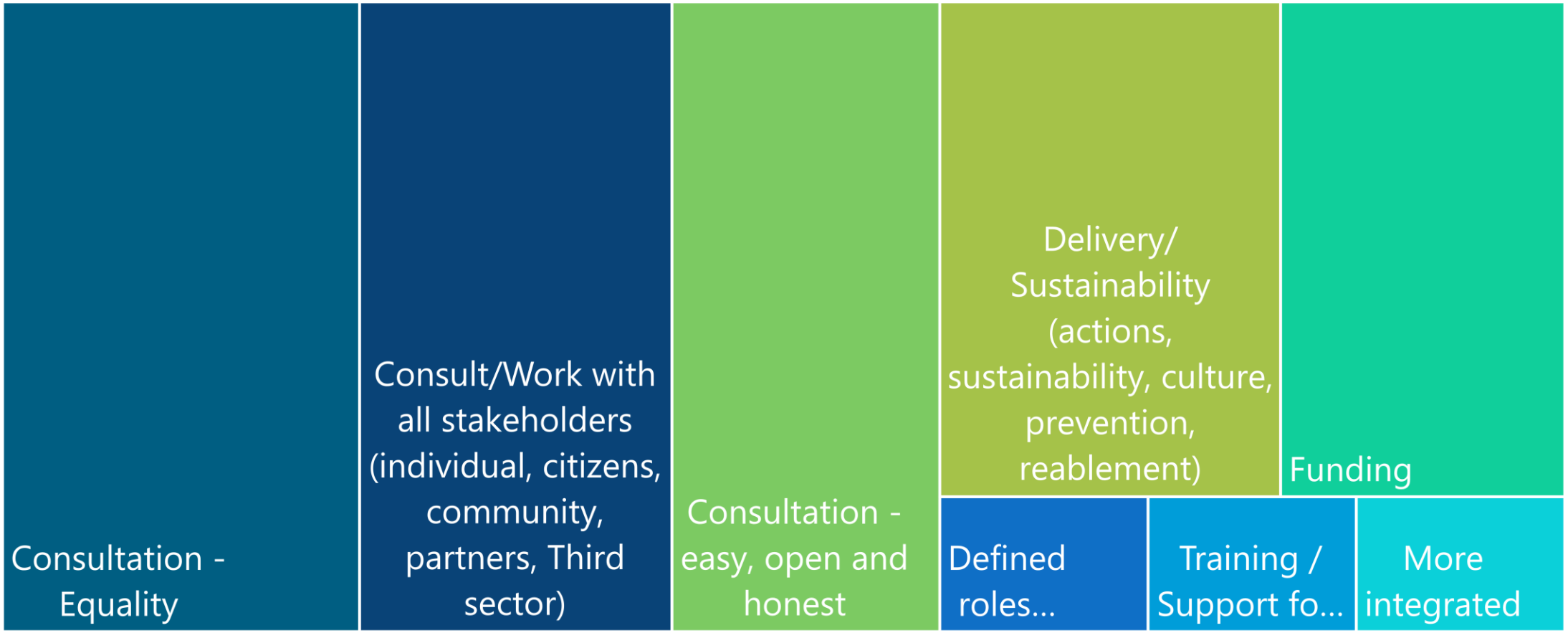


Number of Consultation Hub responses to this question: 92

What should we consider when developing the new Edinburgh offer?

Top themes from sessions

Citizen Groups/Sessions (including PD, LD, OP)

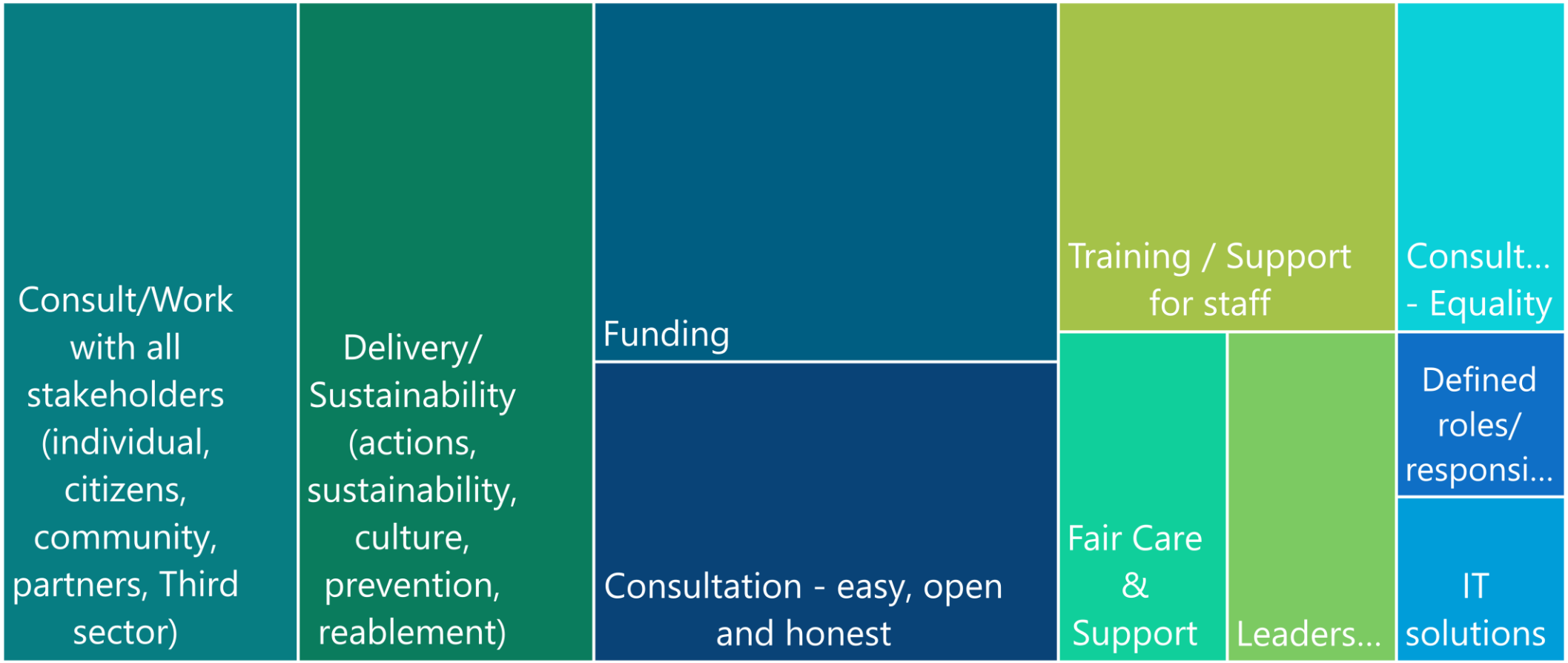


Number of Citizen Group sessions: 15

What should we consider when developing the new Edinburgh offer?

Top themes from sessions

Colleague Groups/Sessions (including CEC, NHS Lothian, Third Sector)



Number of Colleague Group sessions: 8

What should we consider when developing the new Edinburgh offer?

Consult/Work with all stakeholders
- Service users to take more responsibility / start with the individual and their networks
- Individual needs / person centred approach / respect
- Involve community / citizens
- Involve relevant staff
- Partnership working / collaboration
- Effective communication with public/staff
- More involvement from 3rd sector/voluntary services
- All sector involvement
- Strengthening relationships with Councillors
- Bottom up approach

Fair Care & Support
- Support required for service users
- Concern for vulnerable
- People with less financial resource disadvantaged

Consultation - easy, open and honest
- Write in plain English
- Be truthful/clear to the public/staff/realistic/open/transparent
- Be pragmatic / realistic
- Need example of the 3 conversation approach
- More LD detail

Consultation - Equality
- Making information accessible
- Equality /SIMD
- Aware of those who do not have a voice
- Fairness
- Meaningful consultation (allowing time to respond)

Delivery/Sustainability (actions, culture, prevention, reablement)
- Long term approach - actioned, affordable and sustainable, realistic / managing expectations
- More detail on how plan will be actioned
- Need action, not just talk
- Understanding of future need / analysis / future trend
- reablement philosophy
- Focus on improving public health
- Prevention/ early intervention
- Culture/perceived expectation of support

Funding
- Funding for new plan
- Concern - resources already overstretched/seen so many cuts

Training / Support for staff
- More support for staff
- Enough trained/qualified staff / motivated workforce

More Integrated
- More integrated teams within community
- Avoid a purely cost saving model

Leadership
- Senior Management visibility
- leadership from Senior Management/leaders

IT Solutions
- Compatible IT

Defined Roles and responsibilities

What should we consider when developing the new Edinburgh offer?

Consult/Work with all stakeholders (individual, citizens, community, partners, Third sector)

Ensure that the approach we take starts with the individual, their need, their networks and their community……More on realistic and effective means of providing the support needed at the earliest opportunity.

To ensure that high levels of engagement take place with local citizens it is crucial that information is shared in many different ways and the views of all people are sought.

Joint work on Community Led Support and Investment to articulate how communities and third sector agencies can tackle and engage with the identified need/trends.

Being able to work more flexibly and collaboratively with colleagues…. Much more multidisciplinary approach which would allow the right person to be involved with that person's journey from the beginning

What should we consider when developing the new Edinburgh offer?

Consultation - Equality

Doesn't explicitly address health inequalities across Edinburgh.

"Respect. In everything we do, we apply respect for people". Concerns can be dismissed, impacting on quality of care and recovery…..a culture shift and training are required to make person-centredness a reality.

A one size fits all model may ensure everyone gets a slice of the cake. However, equity is not the same as equality.

Ensure that all service users are treated equally in the offer

What should we consider when developing the new Edinburgh offer?

Delivery/Sustainability (actions, culture, prevention, reablement)

It needs to be action and not just talk. People, staff and parties need to see processes being progressed and developed. Their responses need to reflect the shape and decisions being made a reality.

A consistent long term approach which is collaborative in nature and avoids the lack of continuity, e.g. where positive proposals have been co-produced but then not acted upon.

"Affordable and sustainable. At all levels, decisions should be made that take account of affordability, long term sustainability and value for money".

All services need to have a reablement philosophy

Education and early interventional = cultural change

Are there any issues relating to equality which you would like us to consider when developing the fresh set of Equality?

- Communication / Accessible information
- Cater to individual needs / person centred
- Fair consultation
- Equality for staff
- Equal funding for all groups
- Concern for vulnerable and adequate support
- Better understanding of health inequalities / poverty
- Social isolation / support networks

Note: Number of consultation hub responses to this question: 43. The above also includes themes coming out of group sessions.

What have we missed?

Clarity around funding / Open and honest

Effective consultation / partnership working

Effective communication / accessible information

Rehab / Reablement/ Preventative approach

IT solutions

Training, development and staffing

Support for those who need it

Working together for a caring, healthier, safer Edinburgh

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

Draft Strategic Plan 2019-2022: Summary report

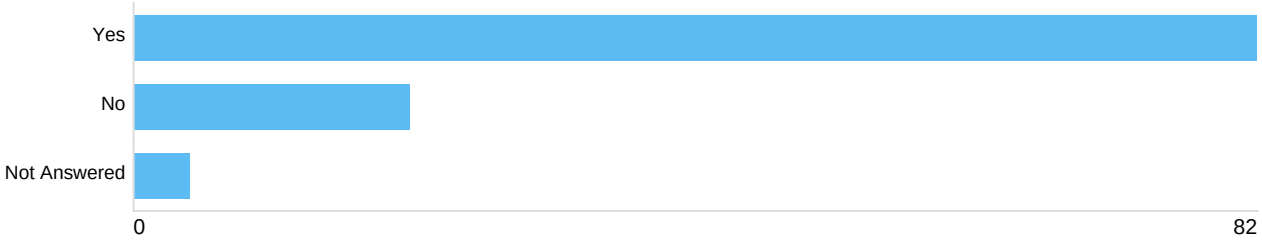
This report was created on Thursday 25 July 2019 at 16:21.

The consultation ran from 15/04/2019 to 01/07/2019.

Contents

Question 1: Are our vision and values the right ones?

Are our vision and values the right ones



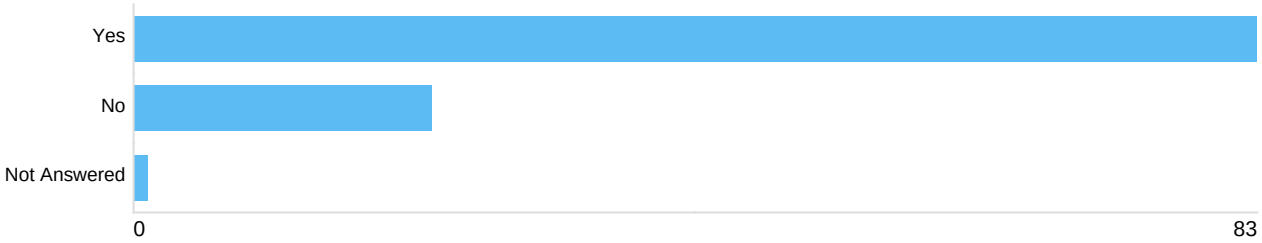
Option	Total	Percent
Yes	82	77.36%
No	20	18.87%
Not Answered	4	3.77%

If no, what should they be?

There were **30** responses to this part of the question.

Question 2: Do you agree with our proposed intent to concentrate resources in the community rather than hospital settings?

Do you agree with our proposed intent



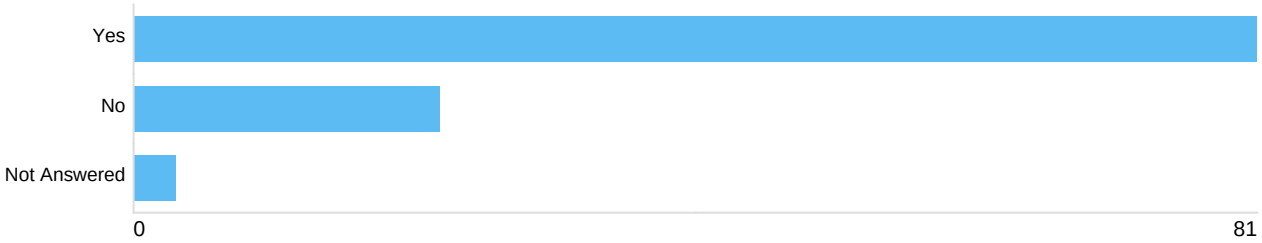
Option	Total	Percent
Yes	83	78.30%
No	22	20.75%
Not Answered	1	0.94%

If no, what should our intent be?

There were **38** responses to this part of the question.

Question 1: Do you agree with the principles of a redefined Edinburgh offer?

Do you agree with the principal of a redefined Edinburgh Offer



Option	Total	Percent
Yes	81	76.42%
No	22	20.75%
Not Answered	3	2.83%

Question 2: What should we consider when developing the new Edinburgh offer?

What should we consider when developing the new Edinburgh Offer

There were **92** responses to this part of the question.

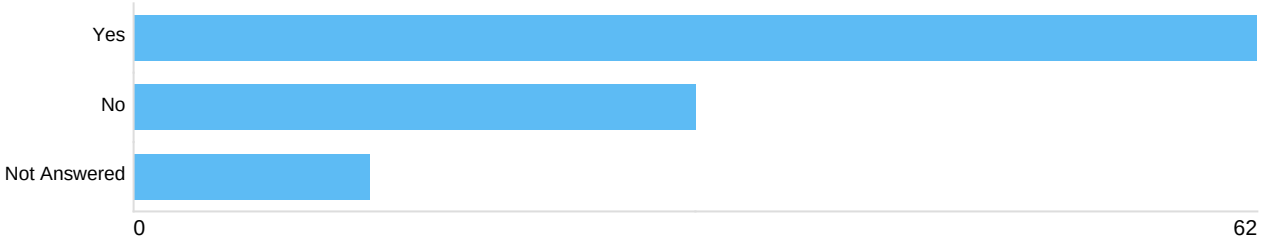
Question 1: If you have any questions about the Three Conversations model, please type them in the box below.

If yes, please type them below.

There were **71** responses to this part of the question.

Question 1: Do you think we've missed anything?

Do you think we've missed anything



Option	Total	Percent
Yes	62	58.49%
No	31	29.25%
Not Answered	13	12.26%

If yes, what have we missed?

There were **66** responses to this part of the question.

Question 1: Are there any issues relating to equality which you would like us to consider when developing the fresh set of Equality Outcomes and associated actions? If so, please write them in the box below.

Are there any issues relating to equality which you would like us to consider when developing the fresh set of Equality Outcomes and associated actions? If so, please write them in the box below

There were **43** responses to this part of the question.

Question 1: What is your name?

name

There were **49** responses to this part of the question.

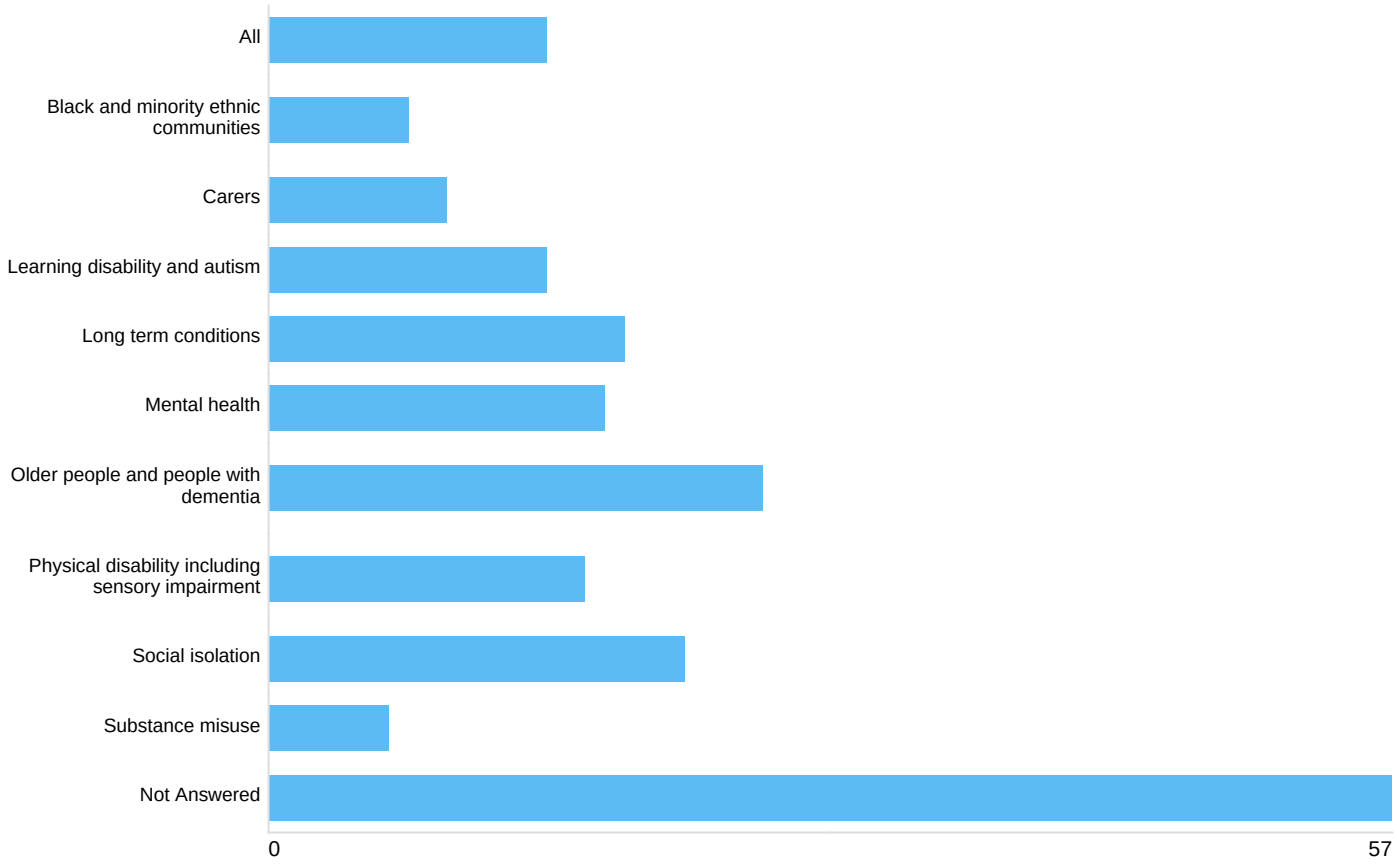
Question 2: What is your email address?

email

There were **46** responses to this part of the question.

Question 3: Which areas would you interested in being involved with?

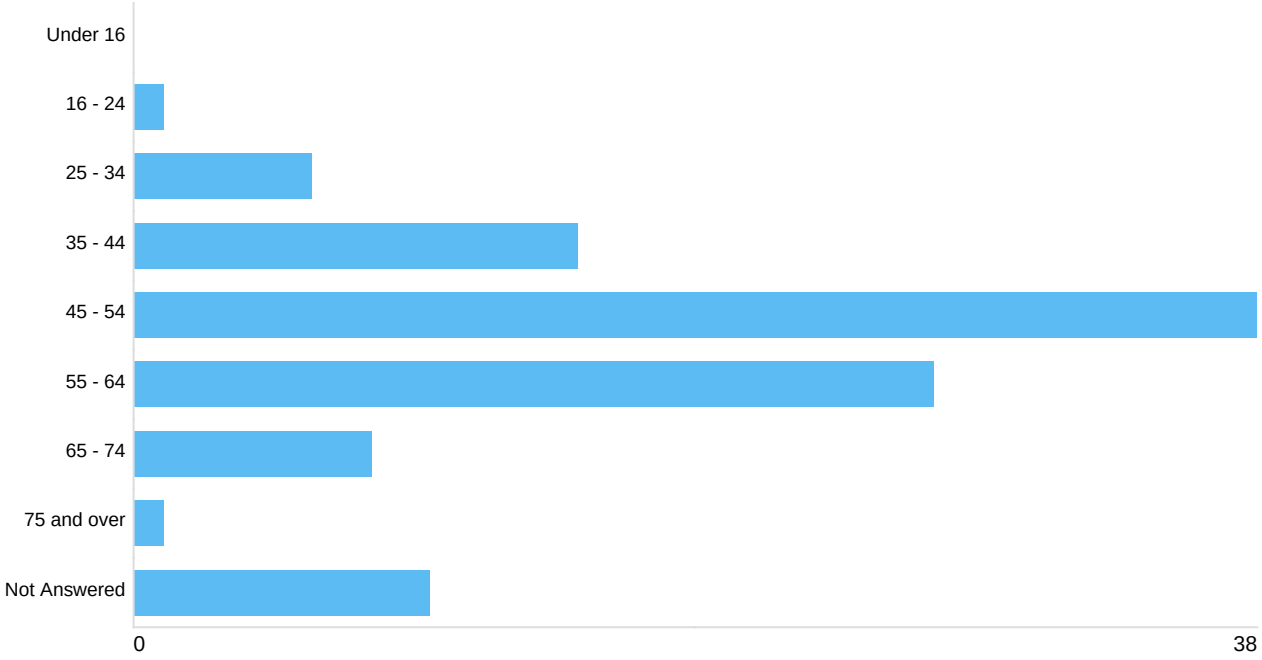
Which areas would you interested in being involved with



Option	Total	Percent
All	14	13.21%
Black and minority ethnic communities	7	6.60%
Carers	9	8.49%
Learning disability and autism	14	13.21%
Long term conditions	18	16.98%
Mental health	17	16.04%
Older people and people with dementia	25	23.58%
Physical disability including sensory impairment	16	15.09%
Social isolation	21	19.81%
Substance misuse	6	5.66%
Not Answered	57	53.77%

Question 1: What is your age?

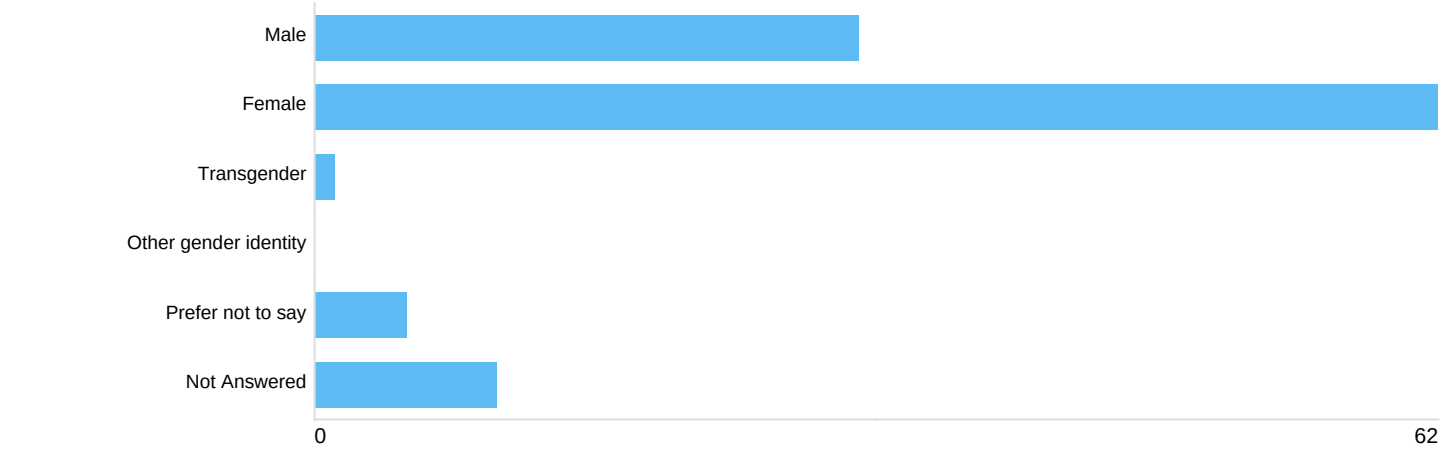
How old are you?



Option	Total	Percent
Under 16	0	0%
16 - 24	1	0.94%
25 - 34	6	5.66%
35 - 44	15	14.15%
45 - 54	38	35.85%
55 - 64	27	25.47%
65 - 74	8	7.55%
75 and over	1	0.94%
Not Answered	10	9.43%

Question 2: What is your gender?

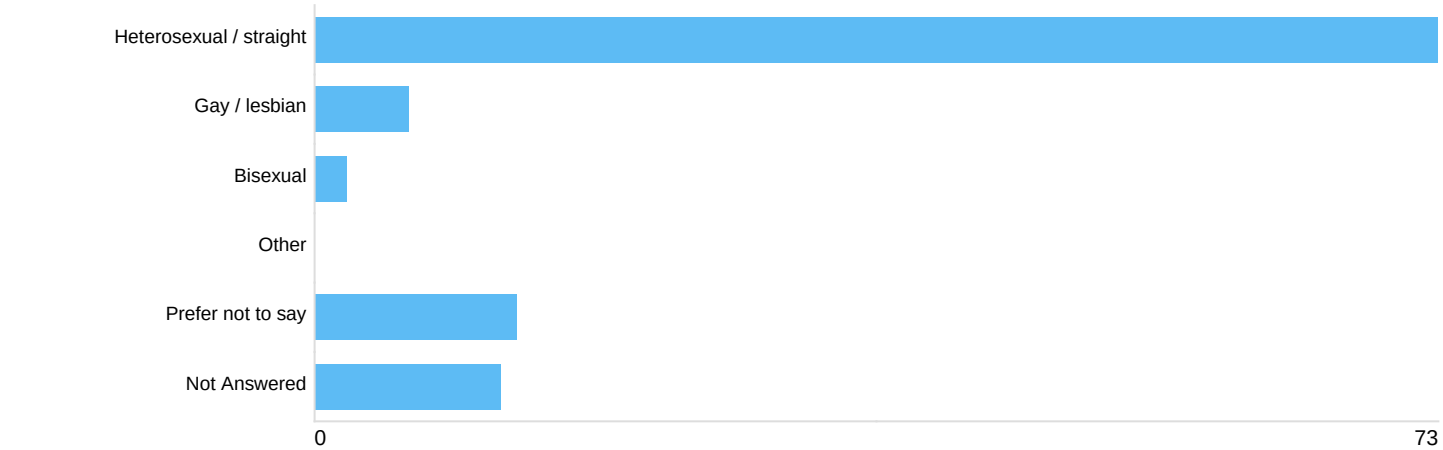
Gender



Option	Total	Percent
Male	30	28.30%
Female	62	58.49%
Transgender	1	0.94%
Other gender identity	0	0%
Prefer not to say	5	4.72%
Not Answered	10	9.43%

Question 3: What is your sexual orientation?

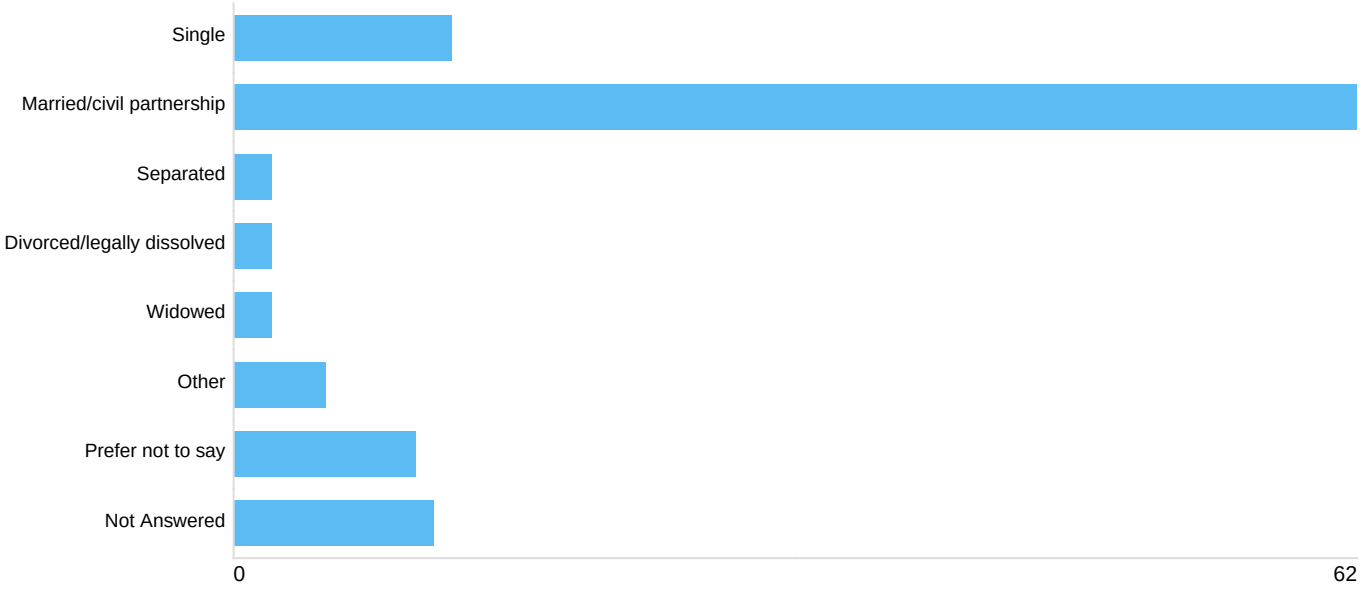
Sexuality



Option	Total	Percent
Heterosexual / straight	73	68.87%
Gay / lesbian	6	5.66%
Bisexual	2	1.89%
Other	0	0%
Prefer not to say	13	12.26%
Not Answered	12	11.32%

Question 4: What is your marital status?

What is your marital status?



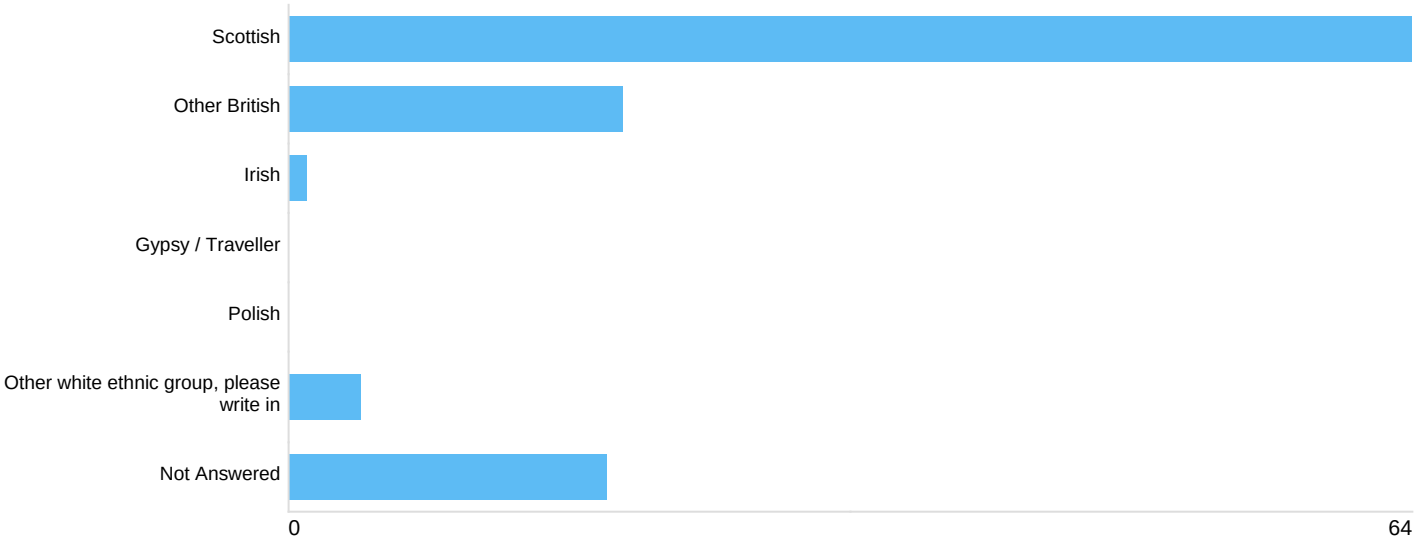
Option	Total	Percent
Single	12	11.32%
Married/civil partnership	62	58.49%
Separated	2	1.89%
Divorced/legally dissolved	2	1.89%
Widowed	2	1.89%
Other	5	4.72%
Prefer not to say	10	9.43%
Not Answered	11	10.38%

If you answered 'Other' please specify

There was **1** response to this part of the question.

Question 5: What is your ethnic group? (Choose ONE section from A to E, then tick ONE box which best describes your ethnic group or background)

Ethnicity (A - White)



Option	Total	Percent
Scottish	64	60.38%
Other British	19	17.92%
Irish	1	0.94%
Gypsy / Traveller	0	0%
Polish	0	0%
Other white ethnic group, please write in	4	3.77%
Not Answered	18	16.98%

Other white ethnic group, please write in

There were **5** responses to this part of the question.

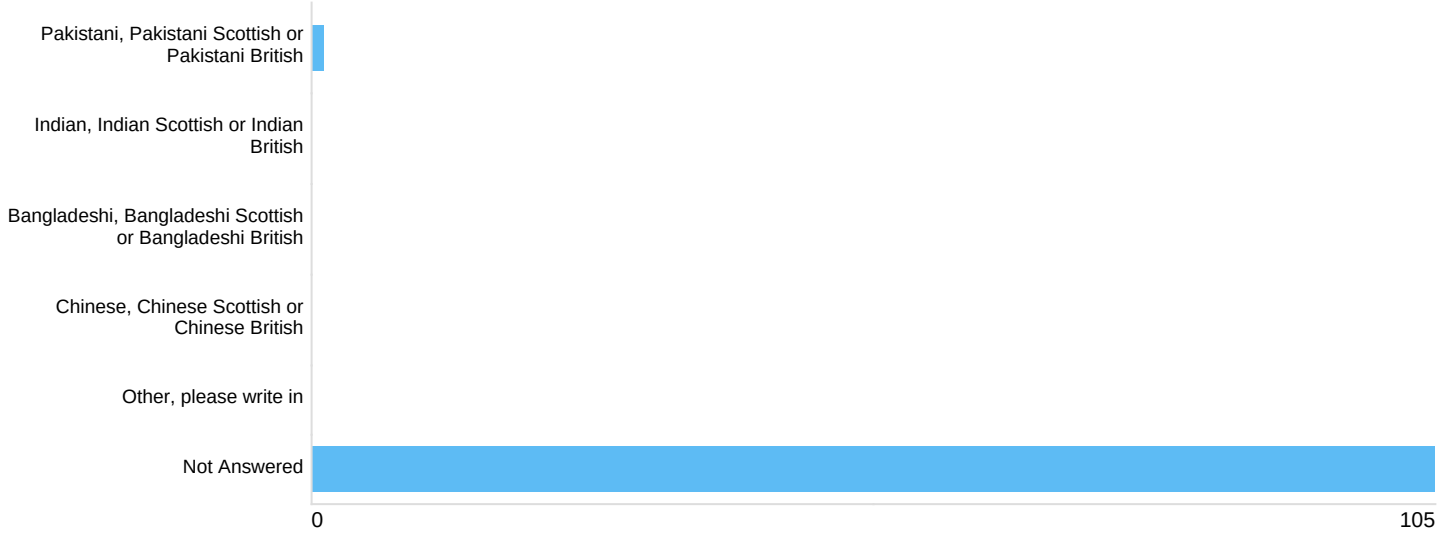
Ethnicity (Mixed or multiple ethnic group)

Option	Total	Percent
Any mixed or multiple ethnic groups, please write in	0	0%
Not Answered	106	100.00%

Any mixed or multiple ethnic groups, please write in

There were **0** responses to this part of the question.

Ethnicity (Asian, Asian Scottish, Asian British)

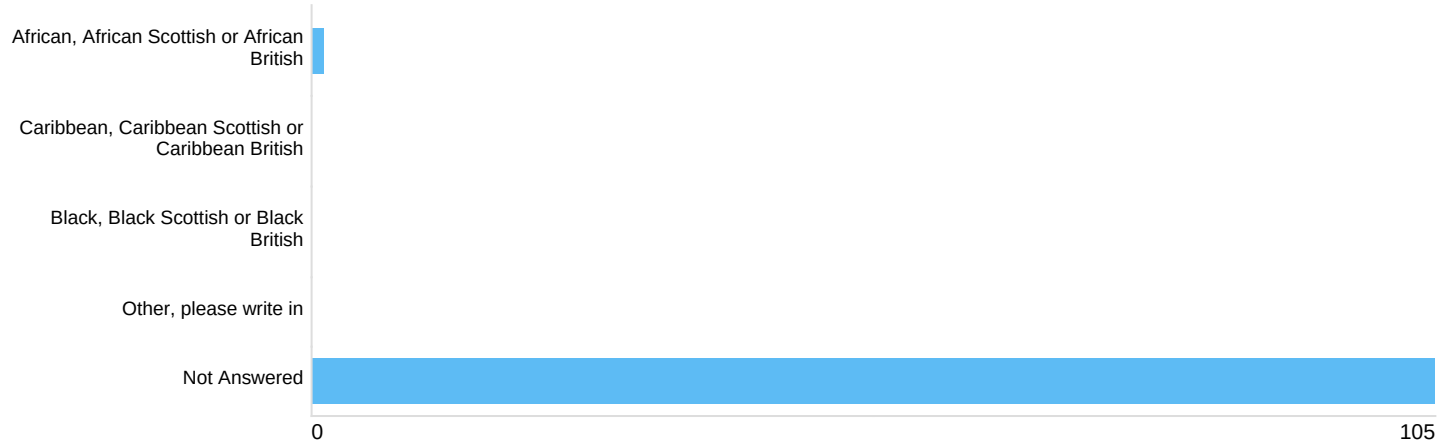


Option	Total	Percent
Pakistani, Pakistani Scottish or Pakistani British	1	0.94%
Indian, Indian Scottish or Indian British	0	0%
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0	0%
Chinese, Chinese Scottish or Chinese British	0	0%
Other, please write in	0	0%
Not Answered	105	99.06%

Other, please write in

There were **0** responses to this part of the question.

Ethnicity (D - African, Caribbean or Black)



Option	Total	Percent
African, African Scottish or African British	1	0.94%
Caribbean, Caribbean Scottish or Caribbean British	0	0%
Black, Black Scottish or Black British	0	0%
Other, please write in	0	0%
Not Answered	105	99.06%

Other, please write in

There were **0** responses to this part of the question.

Ethnicity (E - Other)

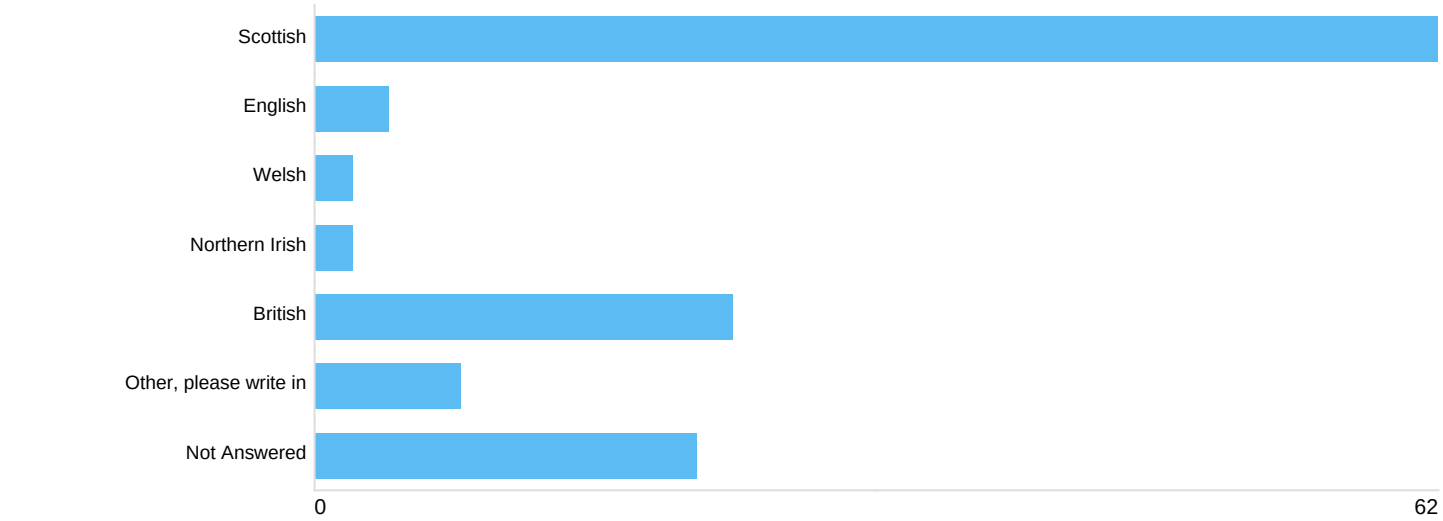
Option	Total	Percent
Arab	0	0%
Other, please write in	0	0%
Not Answered	106	100.00%

Other, please write in

There were **0** responses to this part of the question.

Question 6: How would you describe your national identity? (Please tick all that apply)

National Identity



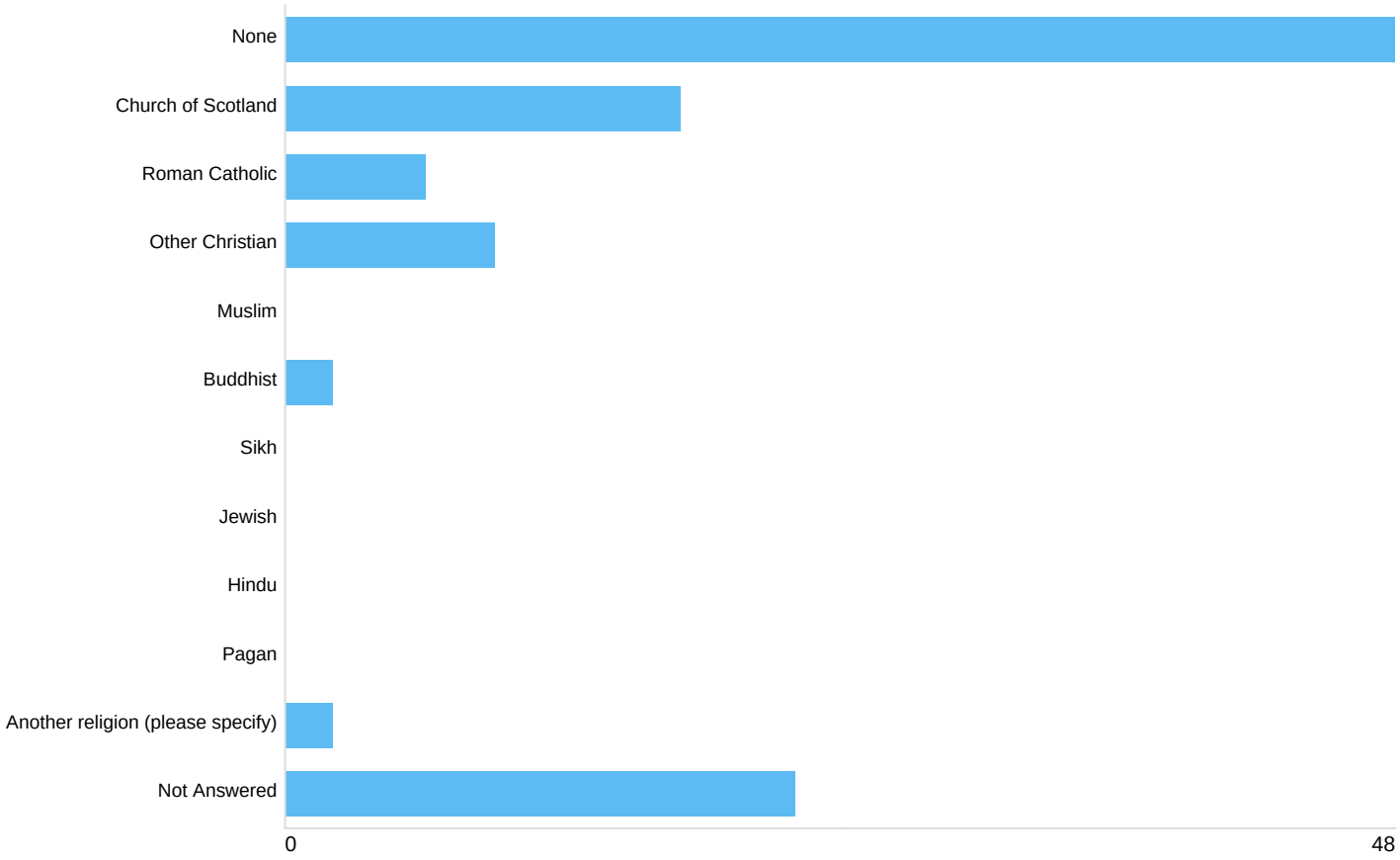
Option	Total	Percent
Scottish	62	58.49%
English	4	3.77%
Welsh	2	1.89%
Northern Irish	2	1.89%
British	23	21.70%
Other, please write in	8	7.55%
Not Answered	21	19.81%

Other, please write in

There were **10** responses to this part of the question.

Question 7: What religion, religious denomination or body do you belong to?

Religion



Option	Total	Percent
None	48	45.28%
Church of Scotland	17	16.04%
Roman Catholic	6	5.66%
Other Christian	9	8.49%
Muslim	0	0%
Buddhist	2	1.89%
Sikh	0	0%
Jewish	0	0%
Hindu	0	0%
Pagan	0	0%
Another religion (please specify)	2	1.89%
Not Answered	22	20.75%

Another religion (please specify)

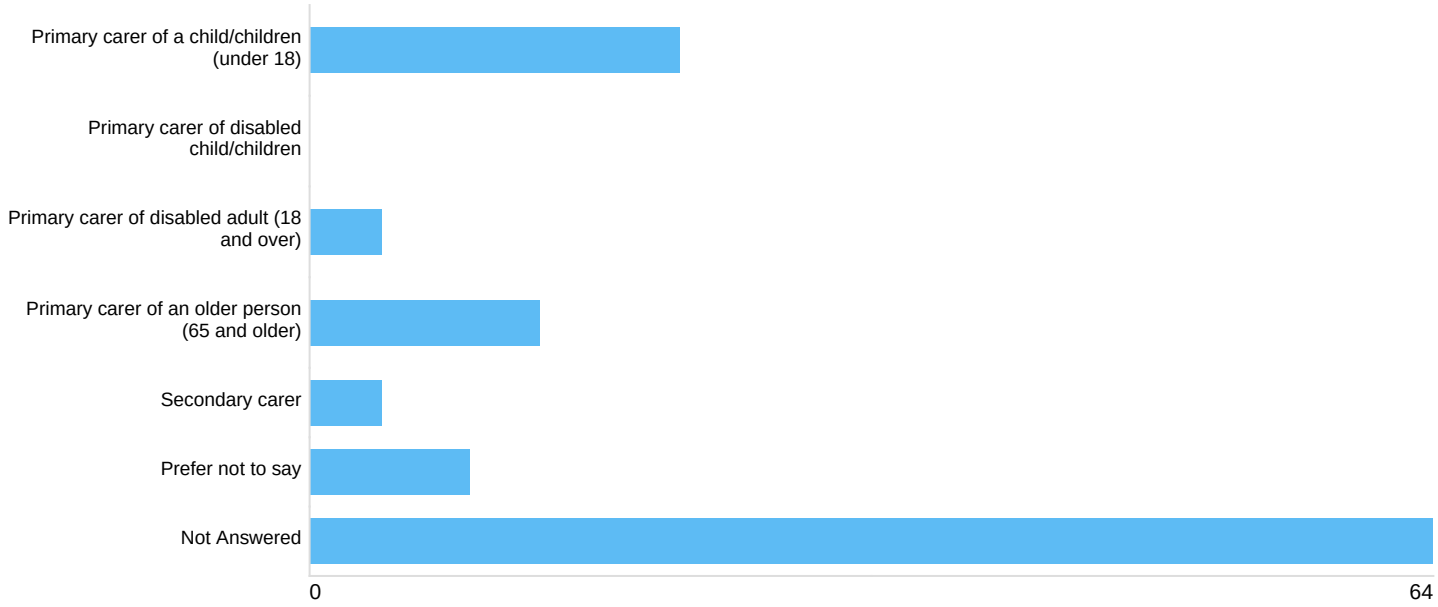
There were **2** responses to this part of the question.

Question 8: Do you have caring responsibilities? If yes, please tick all that apply.

Caring

Option	Total	Percent
Yes	30	28.30%
No	48	45.28%
Not Answered	28	26.42%

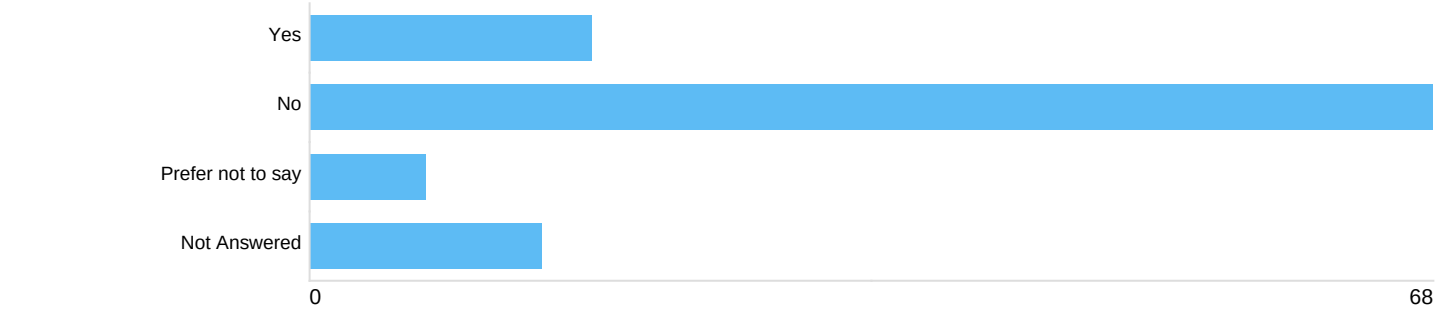
Carer



Option	Total	Percent
Primary carer of a child/children (under 18)	21	19.81%
Primary carer of disabled child/children	0	0%
Primary carer of disabled adult (18 and over)	4	3.77%
Primary carer of an older person (65 and older)	13	12.26%
Secondary carer	4	3.77%
Prefer not to say	9	8.49%
Not Answered	64	60.38%

Question 9: Do you have a long-term illness, health problem or disability that limits your ability to carry out day-to-day activities?

Disability



Option	Total	Percent
Yes	17	16.04%
No	68	64.15%
Prefer not to say	7	6.60%
Not Answered	14	13.21%

Briefing Note

Strategic Plan 2019-2022 Outline Strategic Commissioning Plans Mapping Exercise Edinburgh Integration Joint Board

Tuesday 20 August 2019

Executive Summary

1. On Friday 8 February 2019 the Edinburgh Integration Joint Board (EIJB) approved the decision to alter the approach to the previous draft Strategic Plan 2019-2022 which encompassed five Outline Strategic Commissioning Plans (OSCPs).

2. On Friday 29 March 2019 the EIJB approved the revised draft Strategic Plan 2019-2022 but requested reassurance that the outputs from the OSCPs were being appropriately captured for ongoing consideration.

3. Over the past four months the OSCP outputs have been carefully mapped to the transformation programme within the Strategic Plan. Those outputs which did not sensibly map across have been captured in service areas to be developed further and implemented under business as usual.

4. The Primary Care Improvement Plan (PCIP) has been categorised as a stand-alone project, which sits out with the formal EHSCP transformation programme, but will still be monitored against transformation outputs.

Recommendations

5. The Edinburgh Integration Joint Board is asked to:

   i. Note the detail of the transformation programme outline scoping plan at Appendix 1.

   ii. Note the OSCP mapping exercise outcomes at Appendix 2.

Background

6. The OSCPs for learning and physical disabilities, older people, primary care and mental health were developed as a result of extensive engagement and collaboration with a wide range of stakeholders throughout 2018. They set out a

vision of the required priorities in respect of each service area. Whilst the draft OSCPs have not been formally published, their content has fully informed the creation of the revised EIJB Strategic Plan 2019-2022.

7. On Friday 8 February 2019 the EIJB approved a new transformation proposal, acknowledged the extent of budgetary pressures and decided to alter the approach to the previous draft Strategic Plan 2019-2022 which encompassed the five OSCPs. These decisions initiated a range of preparatory work which has brought together significant change and improvement activity into one coherent transformation programme, with refreshed governance and dedicated delivery resource.

8. The transformation programme will become one of the key mechanisms for delivery of the new Strategic Plan. As projects are developed for the transformation programme, it is important that the good work carried out in developing the OSCPs is not lost. That said, we also want to maximise the opportunity to consider our strategic ambitions in the round, regardless of client category, and to share best practice and knowledge across all areas whilst effectively managing interdependencies.

9. The transformation programme has been constructed around the Three Conversations approach, which forms one of the key elements of the new Strategic Plan. The outline scoping plan for individual projects is at Appendix 1.

10. The approach and governance of the transformation programme is structured on the three distinct conversation stages, whilst the fourth will deliver a range of cross-cutting and enabling improvements:

    a. Conversation 1 – the programme is focused on a range of projects and initiatives which will help strengthen prevention and early intervention approaches, build community capacity and resilience and transform the ‘front door’ to our services.

    b. Conversation 2 – the programme will focus on projects which transform our approaches to dealing with crisis management, including the implementation of a ‘home first’ model and the redesign of the way we deal with adult support and protection issues.

    c. Conversation 3 – the programme is focused on the transformation of services and supports for those who require longer term support to build a good life. This includes transformation of care at home options and bed-based care services.

    d. Enablers – the programme will consider cross-cutting activities involving projects such as digital transformation, workforce, infrastructure and future housing and adaptations.

11. A comprehensive mapping exercise was conducted to clarify where the OSCP outputs mapped to the transformation programme and which outputs would be considered under business as usual. The mapping exercise has identified those outputs which involve substantial, transformational change – for example to ways of working, pathways, structures, policies or services. These outputs have been judged to be best delivered within the scope of the transformation programme and each has been aligned to a specific project.

12. Outputs aligned to a transformation project will be given full and detailed consideration as the business case for that project is developed. It should be noted that alignment to a transformation project does not guarantee that the action will be delivered in full as originally articulated in the OSCP. It may be necessary to broaden the scope or revise the output to ensure it is reflective of our wider transformation ambitions. The results of the mapping exercise are captured at Appendix 2.

13. Several OSCP outputs do not involve significant, transformational change, or would not derive additional benefit from being delivered within the transformation programme framework. This may be because an output is already being successfully delivered within an operational team, or because it involves ongoing partnership working rather than fundamental change. Workplans will be developed by each strategic planning manager to ensure that these are progressed.

14. Finally, the Primary Care Improvement Plan (PCIP) has been categorised as a stand-alone project which sits out with the formal EHSCP transformation programme. The PCIP is therefore being delivered as a programme of work in its own right, reflecting concerns that breaking the existing PCIP down into the four separate workstreams within the transformation programme would risk a loss of both coherence and momentum. The PCIP will continue to be closely aligned with the transformation programme and will report through the same overarching governance structure to ensure visibility and control.

Key risks

15. There are no identified risks.

Financial implications

16. There are no anticipated financial implications.

17. As business cases are developed throughout the transformation programme, full financial considerations will be applied.

Implications for Directions

18. There are no implications for directions at this point.

19. As business cases come forward throughout the planning cycle directions will be generated.

Equalities implications

20. None.

Sustainability implications

21. None.

Involving people

22. There will be a requirement for broad engagement to support the transformation programme. Further detail on engagement activity will follow over the coming months.

Impact on plans of other parties

23. None.

Background reading/references

24. None.

Report author

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Appendices

Appendix 1	Outline Transformation Programme Scoping Plan
Appendix 2	OSCP Mapping Exercise

Appendix 1: OUTLINE STRATEGIC COMMISSIONING PLANS: MAPPING OF ACTIONS INTO TRANSFORMATION PROGRAMME/BUSINESS AS USUAL

OLDER PEOPLE'S STRATEGIC COMMISSIONING PLAN:

ACTIONS AND TASKS WHICH HAVE BEEN MAPPED TO TRANSFORMATION PROGRAMME

Workstream	Action/Task	Conversation 1 Programme	Conversation 2 Programme	Conversation 3 Programme	Cross Cutting Programme
		Aligned to which project?	Aligned to which project?	Aligned to which project?	Aligned to which project?
Mapping short term services	Create a directory and functional ability of all preventative and short term services available. Paper supported by OPWG and OPRG. Work underway to map short term services and to update red book.	Prevention			
Befriending	Plan to develop 'new types' of befriending leading to provision of city wide service to work with befriending organisations to coordinate activity in service delivery. Proposal to create befriending Hub to coordinate activity and centralise recruitment and training. Supported by OPWG and OPRG.	Prevention			
Electronic frailty index	Proactive identification of moderate and severe frailty within primary care	Prevention			
Dementia friendly Edinburgh	Support further development of the Dementia Friendly Edinburgh programme.	Prevention			
Day services and community hub	Initial exploration of day services, review and modernisation plan including consideration of hub model. Paper supported by OPWG and OPRG. Business Case being presented to F&R which outlines enhanced day services model.	Expansion of Be Able			
Social care direct	Review and redesign single point of contact and social care direct	Front Door Access			
Tech enabled care	Develop and a Technology Enabled Care (TEC) Framework and Resources and implement with front line staff	Technology Enabled Care Strategy			
Hub Operating Model	To develop the model of one hub across four localities with clear and consistent priorities. Fiona Wilson ongoing work with hub managers to develop a consistent model		Development of Crisis Intervention Models		
Hospital at Home	Proposal to expand H@H services was supported by the OPWG, OPRG, SPG and IJB. EMT advised redesign of model with temporary funding.		Community/ Hospital Interface		
Discharge to assess	Trial 'Discharge to assess' approaches in NW locality		Home First		
Dementia diagnosis and post diagnosis support	Support developments for timely dementia diagnosis and quality post-diagnostic support for people who have a dementia diagnosis, and those who give support. This includes support to GP Practices in North East Edinburgh National Innovation Test Site to test relocation of post-diagnostic support to primary care.			Transforming dementia services	
Engagement with those with dementia and unpaid carers	Through 2019 -2023 ensure the views and lived experience of people who have a dementia diagnosis and their unpaid carers inform ongoing workstream developments across Older People's Commissioning Plan and ongoing service developments.			Transforming dementia services	
Assessment dementia	Support improvement work for assessment and service pathways for people with dementia			Transforming dementia services	

Internal care at home	Review of capacity and function of internal care at home service			Home Based Care Model	
Care at home contract	Review of contract			Home Based Care Model	
Care Home Models	Review alternative delivery models and capacity review of local authority and private care homes.			Bed Based Review	
Rehab pathway	Need to consider rehab pathway in combination with intermediate care. Specific need to decide on ward 120 RIE			Bed Based Review	
Respite	Map availability and pathways to community based respite places and aim to simplify, improve and make more equitable			Bed Based Review	
Intermediate care	Confirm approach to intermediate care facilities and developed initial agreement with 2 such facilities. Specific need to address ward 120 at RIE			Bed Based Review	
Life curve	Work with public and community services to use tools eg Lifecurve that identify those who would most benefit from a self-enablement approach				Digital Strategy

OLDER PEOPLE'S STRATEGIC COMMISSIONING PLAN:

ACTIONS AND TASKS MAPPED INTO BUSINESS AS USUAL

WORKSTREAM	ACTION/TASK	REASON FOR MAPPING TO BUSINESS AS USUAL
Falls preventions services	Provide city wide falls prevention services – including support from hubs, BeAble, Steady Steps. Paper completed and supported by OPWG and OPRG.	Be Able expansion already planned as part of savings programme. Falls prevention services already in place.
Good conversations	Report on evaluation of the Good Conversations Training which has just completed	Evaluation of already completed training
Good conversation tool	Implement revised assessment tool / Good Conversation Record ensuring approach to assessment and support planning is proportionate	Ongoing piece of work which will be completed but likely to be further impacted by development of 3Cs work
Self directed support	Roll out plan for Self Directed Support including trialling and feedback mechanism	This will be picked up as part of the 3 Conversations roll out
Gylemuir	Confirm plans around Gylemuir. Improve pathways for admission to interim care	Closure of Gylemuir confirmed and already underway
Teaching – research care home	Collaboration with University of Edinburgh to develop care home training and research centre of excellence with hub and spoke model to support other care homes.	Ongoing proposal regarding training
Training in 3 conversations	Develop and train staff in three conversations model.	This is not a specific transformation project but will be dealt with as part of the roll out of 3Cs and within the innovation sites

THRIVE STRATEGIC COMMISSIONING PLAN:

ACTIONS AND TASK MAPPED TO THE TRANSFORMATION PROGRAMME

Workstream	Action/Task	Conversation 1 Programme	Conversation 2 Programme	Conversation 3 Programme	Cross Cutting Programme
		Aligned to which project?	Aligned to which project?	Aligned to which project?	Aligned to which project?
Rights Based Care	Draft Carers' Strategy for EIJB approval on 29 March 2019.	Carers' Strategy			
Right based care	From 1st April 2018 there are new requirements from Carers Scotland Act 2016 and as their application to Health and Social Care services which will need to be taken account of and planed for. These duties include giving local authorities a duty to prepare a carers strategy for their area; requiring local authorities to establish and maintain advice and information services for carers, placing a duty on local authorities to prepare an adult carer support plan or young carer statement for anyone they identify as a career, or for any carer who requests one and a requirement for health boards to ensure that, before a cared for person is discharged from hospital, it involves the carer in the discharge planning process.	Carers' Strategy			
Building Resilient Communities	Provide an increased number of training courses (20 per year) and suicide prevention initiatives (3 per year) targeting specific high risk groups, building on Choose Life achievement.	Prevention			
Building Resilient Communities	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)	Prevention			
Building Resilient Communities	Establish a network of "Thrive" green places across the city which provide sites for a wide range of intergenerational activities which promote health and wellbeing.	Prevention			
Get Help When Needed	In line with the Scottish Government's National Mental Health Strategy, increase the workforce who can respond to distress in A & E departments, police custody and prison settings(approx 66.66. WTE staff)	Prevention			
Closing Inequalities Gap	Increase opportunities of supporting, sustaining and achieving paid employment, volunteering and education.	Prevention			
Closing Inequalities Gap	Introduce a range of initiatives which will improve the physical health of people with mental illness. This will include improving access to screening programmes (approx 4 WTE staff)	Prevention			
Get help when needed	Introduction of open access "Thrive" centres (minimum of 4) across the city with multi agency and multi professional service planning and delivery and building on our Edinburgh Wellbeing Public Social Partnership programme	Front Door Access			
Get Help when needed	Build on the model established by Street Assist with our partners in Police Scotland, NHS Unscheduled Care Services, the Scottish Ambulance Service, NHS 24, Social Care Direct, Community Safety Partnership and the Chamber of Commerce to create a staffed safe out of hours city centre place	Front Door Access			
A Place to Live	Technology enabled care service has a major role to play across the Wayfinder model. We need to accelerate our actions around this, making maximum use of the opportunities afforded by Digital Health Scotland and SOL connect.	TEC Strategy			
A Place to Live	Provide additional Wayfinder Grade 5 intensive rehabilitation in community settings for women with multiple and complex needs			Bed Based Review	
A Place to Live	Provide Wayfinder facility (15 places) for people who require a high level of support and treatment on a long term basis in an environment which provides and support for meaningful days and person centered choices.			Bed Based Review	
A Place to Live	Provide a framework agreement for Wayfinder supported accommodation and support at home services which increases the ability for providers to respond flexibly to fluctuating levels of need, enables providers to carry out reviews and assessments in defined circumstances where longer term adjustments to the levels of support are required, increases level of flexible and collaborative working between providers and health and social care staff around clusters and localities and based on three conversations.			Bed Based Review	

Meet treatment gaps	Open in Autumn 2019, a Grade 5 step up / step down resource for people who require short term stay to avoid admission to hospital setting or to facilitate earlier discharge from acute care			Bed Based Review	
A Place to Live	Edinburgh will require 15 inpatient beds for people requiring low secure provision and 18 inpatient beds for people requiring rehabilitation to be reprovided in fit for purpose accommodation as part of the Business Case for Royal Edinburgh Hospital Redesign Phase 2.			Bed Based Review	
A Place to Live	Continue to commission 64 acute admission, 15 intensive rehab and 7 intensive psychiatric care beds at the Royal Edinburgh Hospital			Bed Based Review	
Meet treatment gaps	Ensure that young people receiving support for their mental health experience a smooth transition to adult services if this is required. The transition should be considered as part of the individual's person centred outcomes and care plan rather than solely based on calendar age			Transitions Redesign	
Get Help When Needed	Introduce Prospect test of concept in primary care settings which may have the potential to transform the primary care workforce. (1.45 WTE staff - 18 month test of concept))				Workforce
Rights in Mind	Build the capacity across the city for more peer led self help groups this will include building on established groups such as these provided by Bipolar Scotland to trialling groups for different conditions				Workforce
Closing Inequalities Gap	Continue to support the creative solutions and innovations of the Re:D Community of Practice which has a specific focus on embedding trauma informed practice, peer support and arts as a vehicle for change.				Workforce
Closing Inequalities Gap	Inclusive Edinburgh homeless service will provide and integrated response to homeless people with complex needs including a housing first option. The new Centre will open 2020 and following the initial two-year period there will be a requirement for the Council and its partners to mainstream the 275 Housing First places to ensure continuation of the scheme				Future Focused Housing
A Place to Live	Additional one bed roomed and two bed roomed tenancies with support in each locality (55 additional places) are required to allow a move towards core and cluster developments which will offer people a tenancy for life with support that can be flexible to meet changing needs and provides secure tenancy arrangements with support that can be moved on to the next person.				Future Focused Housing
A Place to Live	There is a wide body of evidence demonstrating impacts on people's mental health and wellbeing, self esteem and connectivity with their community. We need to apply the learning from this research to our current and future accommodation. This will involve partnering with academia and housing providers				Future Focused Housing

THRIVE STRATEGIC COMMISSIONING PLAN:

ACTIONS AND TASKS MAPPED INTO BUSINESS AS USUAL

WORKSTREAM	ACTION/TASK	REASON FOR MAPPING TO BUSINESS AS USUAL
Get help when needed	Support the continuation of Rivers PSP including the continuation of open access clinics and the delivery of a rolling group based programmes for people with complex Post Traumatic disorder (C-PTSD). (4 WTE staff for 24 month period)	Ongoing support for an existing facility. Already approved.
Get Help when needed	Continue to support Veterans First Point Lothian and the staffing team and ensure that data is continuing to be collected which demonstrates impact and improved outcomes and cost benefits for veterans and their families.	Business as usual decision needed on the continuation of funding
Get Help when needed	Refreshed DCAQ Improvement and investment plans to improve access to psychological therapies, this links to the development of Thrive Centres. (Approx 13.33 WTE staff members)	Ongoing improvement and investment plans - not new transformation ideas
Closing Inequalities Gap	Continue with and review independent advocacy support for mitigating against universal credit in light of the national rollout	Continuation of existing service. Provision already secured.
Closing Inequalities Gap	Increase opportunities of supporting, sustaining and achieving paid employment, volunteering and education by increasing the deployment of Individual Placement Support through the Activate Programme (The Works). (approx 10 WTE staff)	Continuation and expansion of current model.

Meet treatment gaps	Implement the Seek, Keep, Treat comprehensive plan which builds on long established Edinburgh recovery orientated services and support for people with substance misuse problems.	Implementation of existing plan
Meet Treatment Gaps	Commission and implement the matched care model for women with multiple and complex needs, building on the successful Willow informed model, increasing day places, residential places and training and support and case management across community and inpatient settings	Commissioning of additional support based on existing model
Meet treatment gaps	Review our current Integrated Care and Support Pathways (to ensure that our services are rights based, provide evidenced based clinical treatment as defined by SIGN and NICE[1], and there is a comprehensive focus on meaningful days and community connecting. Recruit additional Allied health Professionals, Medics, Nurses, Psychologists , support and peer workers in line with the ICP standards. (approx 30 WTE staff)	Review of existing pathways and BAU recruitment
Rights in Mind	Strengthen and improve access to independent individual and collective advocacy in a range of settings including prison	Improving access to existing services
Rights in Mind	Explore the potential to introduce the Open Dialogue which is both a philosophical and theoretical approach to people experiencing a mental health crisis and their families/networks, and a system of care in Edinburgh.	This is a piece of research. Could potentially join programme at later date depending on outcomes of that work.
Right in Mind	A Rights Based Care programme hosted by Advocard and the Royal Edinburgh Hospital Patients Council will be established. This will be a user-led, collective advocacy project which will aim to promote rights-based care to train and raise awareness of rights-based care practice across professionals who work with people using mental health services in the City. This will encompass and further develop the A&E | All and Equal" and focus on embedding measures compliant with the United Nations Convention on the Rights of People with Disabilities (CRPD.)	Establishment of a project to raise awareness - not delivering transformational change

LEARNING DISABILITIES STRATEGIC COMMISSIONING PLAN:

ACTIONS MAPPED INTO TRANSFORMATION PROGRAMME

Strategic Commissioning Plan Workstream	Action/Task	Conversation 1 Programme	Conversation 2 Programme	Conversation 3 Programme	Cross Cutting Enablers Programme
		Aligned to which project?	Aligned to which project?	Aligned to which project?	Aligned to which project?
Independent Living	Commission and build 9 flats for people with complex support needs				Future Focused Housing
Independent Living	Commission 6 intermediate flats for people leaving hospital				
Independent Living	Request from 21st Century Homes, 19 tenancies that have the capacity for some shared support				Future Focused Housing
Independent Living	To maximise the use of assistive technology in all accommodation	Technology Enabled Care Strategy			
Independent Living	To create a responder service that reduces the need for sleep over staff, through the development of an overnight strategy			Overnight Support Strategy	
Community and in-patient services	Commission 15 assessment and treatment beds from NHSL				
Community and in-patient services	To establish an integrated multi-disciplinary team working in the community to provide responsive co-ordinated care for those with learning disability.			Transformation of Learning Disability Services	
Community and in-patient services	To provide rapid, high intensity input and support from the integrated community multi-disciplinary team, to support those individuals with a learning disability in their home setting. The aim is to avoid further escalation and admission to an acute unit.			Transformation of Learning Disability Services	
Community and in-patient services	For those admitted to an acute unit, to develop faster discharge processes, to reduce length of stay		Home First		
Day Support	Develop more support options that are person centred and based on outcomes rather than services.			Transforming Transitions	
Day Support	Reduce the level of day support that the Council provides, but promoting third sector providers	Expansion of Be Able Model		Transforming Transitions	
Young People	Collocate professional staff in one location; begin working towards a single professional worker taking forward all planning for a young person through into adulthood			Transforming Transitions	
Young People	start planning at 14 through to the age of 25.			Transforming Transitions	

Young People	Provide information on all aspects of transition; this should focus on informing young people and their carers of the options available.			Transforming Transitions	
Young People	When planning is ongoing from the age of 14 we can work with young people with a disability towards meeting their aspirations. The approach we will take is a person-centred model of planning as opposed to a passive recipient			Transforming Transitions	
Forensic Support	Commission six tenancies for patients living in Glen Lomond				Future Focused Housing

LEARNING DISABILITIES STRATEGIC COMMISSIONING PLAN:

ACTIONS MAPPED INTO BUSINESS AS USUAL

WORKSTREAM	ACTION/TASK	REASON FOR MAPPING TO BUSINESS AS USUAL
Engagement and Consultation	The Edinburgh Learning Citizen forum will provide a voice for people about their needs	Ongoing engagement
Engagement and Consultation	Engagement and involvement of key stakeholders in the development, and implementation of the Learning Disability Commissioning Plan. Key stakeholders will include people with learning disabilities, carers, EH&SCP staff and the third sector.	Ongoing engagement
Engagement and Consultation	Locality meetings with providers will meet on a regular basis to ensure there is an open dialogue about their organisation and that of the Partnership	Ongoing engagement
Engagement and Consultation	Develop a learning disability partnership	Ongoing engagement
Health	A co-production partnership will be developed to look at how the EH&SCP and third sector disability organisations can be better integrated to provide support through community based services.	Ongoing partnership working
Health	The partnership will work closely with other work streams developing hub models	Ongoing partnership working
Health	The partnership will develop a strategy for implementation	Strategy yet to be developed. Once complete, implementation and roll out could be considered as a transformation project.
Health	Review health screening programmes that people have access to but are not engaging with.	Review of existing programmes

Independent Living	Nobody will be admitted to hospital for accommodation	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Independent Living	Develop and implement a framework for Housing with Support care providers	Procurement is an operational responsibility.
Self Directed Support	People have good conversations with practitioners which respect what matters to them and the support they need	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	People have access to good quality information and advice about support, so they are informed about social care and the variety of creative options available	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	People have access to good quality independent advocacy, if they feel it is required	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	People know the budget available to them and are able to direct it creatively and flexibly	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	Workers receive clear and consistent information, training and capacity building in supporting and delivering self-directed support approaches	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	Workers take an asset-based approach to supporting people	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	Frontline workers are encouraged and enabled to exercise professional autonomy	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	A coherent approach to strategic planning is taken	Business as usual responsibility of the Strategic Planning team
Self Directed Support	Communities and supported people influence the planning, commissioning, procuring and administering of social care and support	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	Decision making facilitates a creative approach to the delivery of social care and support	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	All contractual and audit arrangements are flexible, proportionate and outcomes based	Responsibility of contracts team.
Self Directed Support	The relationship between statutory, independent and third sector health and social care organisations will be trusting and collaborative	Ongoing principle of partnership working.

Self Directed Support	Procurement and commissioning processes help choices to be with flexibility, personalisation and creativity	Ongoing responsibility of those procuring and commissioning.
Self Directed Support	The City of Edinburgh Council and NHS Lothian are directed to review key processes in line with the recommendations contained in the report on the Joint Inspection of Services for Older People	This is underway as a business as usual function, outwith the transformation programme.
Community and in-patient services	To provide a robust commissioning process of high support packages for individuals with a learning disability in the home setting, which supports quality assured provision with clear expectations regard resilience and escalation	Responsibility of commissioning officers.
Community and in-patient services	We need to identify the number of staff within managerial and supervisory roles within EHSCP area requiring NES level 3 “enhanced” training. These will be staff in organisations which support those with complex needs on a regular basis. This requires co-operation, commitment and buy in” from the third sector.	Operational staff training.
Community and in-patient services	Staff undertaking NES Level 3 “enhanced” training require the supervision of competent NES level 4 “Specialist” trained staff to become competent (Practice leadership and skilled supervision). Presently this would only come from the Specialist Positive Behaviour Support Team, under the commissioning proposal this will come from the new MDT for learning disability.	Operational staff training.
Community and in-patient services	Continue to fund the NES level 4 “specialist” Nursing team; in the short term there is no viable alternative option. Once the third sector (and internal services) has become better equipped with staff educated at level 3, the numbers of those escalating to this level should reduce. Explore and develop long term options in 2019 for this team.	Continuing to fund an existing resource.
Young People	Adult services will work with housing associations across Edinburgh to provide a home for people with a disability. To expand these networks to offer support to young people whose lives are in crisis as a direct alternative to residential placements out of Edinburgh.	Ongoing engagement with housing partners.
Young People	Provide students at Edinburgh College who have higher care needs access to a team of staff to facilitate their attendance in further education.	Ongoing engagement with Edinburgh College.
Young People	Provide training and employment opportunities for young people who have disabilities through the Project SEARCH programme.	Ongoing support of existing SEARCH programme.
Young People	Partnership working with Disability Colleagues to promote and trial WaytoB travel app, building independent travel confidence in young adults	Ongoing partnership working on a already established trial.
Young People	Work with 2 schools to develop post school transition skills	Responsibility of the strategic planning team
Forensic Support	Reduce the level of housing support that the Council provides, but promoting third sector providers	Responsibility of the strategic planning team
Short Breaks	Create ISF opportunities through two properties at Ravenscroft Street and Greenlaw Rigg.	Responsibility of the strategic planning team
Short Breaks	Reduce the level of direct support that the Council provides, but promoting third sector provider	Responsibility of the strategic planning team

People with Autism	Revise the Edinburgh Autism Plan with the development of new recommendations and actions	Revision and updating of existing plan

PHYSICAL DISABILITIES STRATEGIC COMMISSIONING PLAN:

ACTIONS MAPPED TO TRANSFORMATION PROGRAMME

Strategic Commissioning Plan Workstream	Action/Task	Conversation 1 Programme	Conversation 2 Programme	Conversation 3 Programme	Cross Cutting Enablers Programme
		Aligned to which project?	Aligned to which project?	Aligned to which project?	Aligned to which project?
Independent Living	We will commission care home beds for adults with neurological conditions who are under 65 years of age.			Bed Based Review	
Independent Living	We will commission two respite beds that offer support to people with neurological conditions who are under 65 years of age			Bed Based Review	
Independent Living	Establish a measure of how assistive technology can and has replaced traditional methods of care, supervision and support and provide better outcomes for individuals	Technology Enabled Care Strategy			
Independent Living	Ensure unpaid carers are made aware of the support available through active promotion of the service.	Carers' Strategy			
Independent Living	Define the number of accessible properties available for people with a physical disability.				Future Focused Housing
Health and Well-being	Develop an online citizen's self-help site	Front Door Access Redesign			
Health and Well-being	Developing assistive technology for disabled people would bring together information relevant to support people	Technology Enabled Care			
Community and in-patient services	To establish an integrated, community-based, multi-disciplinary, responsive rehabilitation team (CMDT) that will offer an appropriate intensity of rehabilitation				Structural Redesign
Community and in-patient services	Develop competencies in the wider workforce to effectively support individuals living with neurological conditions to live at home, in supported accommodation and residential units				Workforce and Culture
Community and in-patient services	Work with the collaborative planning group to determine the number of in-patient beds required in the new Royal Edinburgh Hospital			Bed Based Review	
Accessible and active communities	Community resources and opportunities will be identified or developed.	Prevention			
Accessible and active communities	Information and communication will be accessible and inclusive	Prevention			

Accessible and active communities	Barriers such as; negative attitudes, stigma and discrimination will be acknowledged, understood and addressed via disability awareness training				Workforce
Accessible and active communities	Link with the Older Person's strategy to look at befriending	Prevention			

PHYSIACAL DISABILITIES STRATEGIC COMMISSIONING PLAN:

ACTIONS MAPPED INTO BUSINESS AS USUAL

WORKSTREAM	ACTION/TASK	REASON FOR MAPPING TO BUSINESS AS USUAL
Sensory Impairment	Commence new contract for adult sensory support services following co-production with service users and stakeholders.	Conclusion of a procurement exercise.
Sensory Impairment	Respond to the continuing requirements of the British Sign Language (Scotland) Act 2015, as required by the Scottish Government. Contribute to CEC/EHSCP implementation plan, options appraisal and biennial progress reports until 2024.	Ongoing work to develop plan and monitor progress.
Sensory Impairment	Develop implementation plan for See Hear strategy.	Implementation of an already agreed strategy.
Self Directed Support	People have good conversations with practitioners which respect what matters to them and the support they need	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	People have access to good quality information and advice about support, so they are informed about social care and the variety of creative options available	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	People have access to good quality independent advocacy, if they feel it is required	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	People know the budget available to them and are able to direct it creatively and flexibly	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	Workers receive clear and consistent information, training and capacity building in supporting and delivering self-directed support approaches	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	Workers take an asset-based approach to supporting people	This will be supported by the roll out of the 3 Conversations model across the Partnership.

Self Directed Support	Frontline workers are encouraged and enabled to exercise professional autonomy	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	A coherent approach to strategic planning is taken	Business as usual responsibility of the Strategic Planning team
Self Directed Support	Communities and supported people influence the planning, commissioning, procuring and administering of social care and support	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	Decision making facilitates a creative approach to the delivery of social care and support	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Self Directed Support	All contractual and audit arrangements are flexible, proportionate and outcomes based	Responsibility of contracts team.
Self Directed Support	The relationship between statutory, independent and third sector health and social care organisations will be trusting and collaborative	Ongoing principle of partnership working.
Self Directed Support	Procurement and commissioning processes help choices to be make with flexibility, personalisation and creativity	Ongoing responsibility of those procuring and commissioning.
Self Directed Support	The City of Edinburgh Council and NHS Lothian are directed to review key processes in line with the recommendations contained in the report on the Joint Inspection of Services for Older People.	This is underway as a business as usual function, outwith the transformation programme.
Health and Well-being	A co-production partnership will be developed to look at how the EH&SCP and third sector disability organisations can be better integrated to provide support through community based services.	Ongoing engagement and partnership working.
Health and Well-being	The partnership will work closely with other work streams developing hub models	Ongoing partnership working
Health and Well-being	The partnership will develop a strategy for implementation for the commissioning plan	Strategy yet to be developed. Once complete, implementation and roll out could be considered as a transformation project.
Community and in-patient services	Establish links between the Sustainable Communities Support programme and the needs of people living at home with neurological conditions	Ongoing engagement with existing programme of work
Community and in-patient services	Develop a base for the core CMDT will would provide a hub for training and supervised practice	Operational responsibility for relevant manager once CMDT established
Community and in-patient services	Develop options for a community centralised site, like Longstone, could be a base for a core centralised team to triage referrals until further mapping and redesign of services is completed	Operational responsibility for relevant manager once CMDT established.

Learning, training, volunteering and employment	Disabled people are supported to access and participate fully in; education, training, volunteering opportunities and paid employment enabling their talent and abilities to enrich their lives and contribute towards society within Edinburgh.	Will be taken forward within business as usual workstream, but aligned to wider prevention project
Learning, training, volunteering and employment	Disabled people are supported to access, achieve and sustain these opportunities in a fair and inclusive way.	General principle running through all operational service delivery
Learning, training, volunteering and employment	Disabled people can be confident that their rights will be protected and they will receive fair treatment at all times.	General principle running through all operational service delivery
Learning, training, volunteering and employment	Engage with employers to develop pathways to support disabled into and return to the workplace.	Will be taken forward within business as usual workstream, but aligned to wider prevention project
Accessible and active communities	Disabled people will be able to participate as active citizens in all aspects of daily and public life within Edinburgh.	General principle running through all operational service delivery
Accessible and active communities	An Asset Based Approach will create resilient and resourceful communities.	This will be supported by the roll out of the 3 Conversations model across the Partnership.
Accessible and active communities	Disabled people will be active and involved in shaping their lives and the decisions that affect them.	General principle running through all operational service delivery

Appendix 2: EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP – CHANGE PROGRAMME SCOPE

CONVERSATION 1

Prevention Strategy

Development of overarching approach to prevention, including community investment strategy, capacity and resilience building, partnership working with third sector.

Front Door Access Redesign

Redesign of "front door access" including: transforming the social care direct model, reviewing and improving pathways; community navigation; "one stop shops"; online access to services and supports.

Family Group Decision Making

Considering options for building on the successful pilot and mainstreaming the approach into our new structures, closely aligned with the 3 Conversations ethos.

Expansion of Be Able Model

Building on the success of the Be Able model of day care as a key preventative intervention and expanding the provision across the city.

Technology Enabled Care Strategy

Development and roll out of an overarching TEC strategy and plan to maximise the benefits and usage of technology to support individuals and their families. Closely aligned with prevention strategy.

3 Conversations: Support & Redesign

Oversight of the process, system and procedural changes to ways of working which will be required to fully embed the 3 Conversations model as "our DNA".

Carers' Strategy

Development and implementation of the Carers' Strategy in alignment with the Prevention Strategy

CONVERSATION 2

Community/Hospital Interface

Development of a more streamlined and sustainable model for the hospital @ home service, better aligned with other community based, specialist clinical teams.

Home First

Development and implementation of a model to ensure that people return "home first" from hospital, wherever possible, before decisions on longer term care and support are made.

Adult Support and Protection

Redesign of the current governance model for adult support and protection to ensure streamlined, focused support for those individuals in crisis.

Development of Crisis Intervention Models

Development of new approaches, procedures and approaches for supporting people through crisis, to be developed in line with 3 Conversations model.

CONVERSATION 3

Transformation of Home Based Care

Transforming our approach to the provision of home based care – both internal and commissioned. Building capacity and improving outcomes and efficiency.

Transforming Bed Based Care

Development and roll out of a new strategy for the provision of bed based care. To include consideration of care homes, HBCCC, interim/intermediate care and respite provision.

Transforming Transitions

Redesigning the way we manage and support transitions from children's services to adult services, across all client categories.

Overnight Support Strategy

Development and implementation of strategy for overnight support. To take account of sleepover and responder models, the redesign of overnight homecare and alignment with ATEC24 and district nursing.

Redesign of Learning Disability Services

Redesigning our approach to providing support for individuals with learning disabilities. To include the redesign of policies, staffing models and support service models.

Transforming Dementia Services

Redesign of assessment and service pathways and improvements to post diagnostic support for people with a dementia diagnosis and their carers.

The Edinburgh Offer

Project to define and communicate the new "Edinburgh Offer", providing clarity on our service and support offering.

CROSS CUTTING AND ENABLING PROGRAMME

Workforce and Cultural Development

Development of an overarching approach to building a skilled and sustainable workforce. To include:

- Staff development and training programmes
- Workforce planning for the future
- Building a Partnership ethos and culture
- Recruitment and retention strategies

Digital Strategy for Business

Digital strategy to support the delivery of our business. To include consideration of the development and/or replacement of key line of business systems such as Swift and the introduction of new digital tools such as electronic rostering. To include the technical work required to introduce online access tools to support the strategy outlined in the "front door access" project.

Transformation of the Community Equipment Model

Project to review and redesign our current model for the provision of community equipment. To include the streamlining of all current processes and the introduction of a "future proofed" strategy for provision of equipment going forward. To be closely aligned to both the prevention and crisis intervention workstreams.

Future Focused Housing

Bringing together a range of strategic work around the development of "safe places". To include the development of an overarching strategy for sustainable housing and community planning. Including consideration of care village models, extra care housing, dementia care and safe places. Review and improve current approach to housing adaptations.