

Background

4. In September 2017, in recognition of its lack of detailed plans for key service areas, the IJB mandated the production of Outline Strategic Commissioning Plans (OSCPs) for Older People, Learning Disabilities, Physical Disabilities, Mental Health, and Primary Care. These officer-led pieces of work were presented to and agreed by the IJB in January (Older People, Learning Disabilities, and Mental Health) and March 2018 (Primary Care and Physical Disabilities). It was agreed at this point that these OSCP needed to have considerable additional detail and to modify their approach to engagement.
5. Reference groups for Older People, Disabilities, Mental Health and Primary Care were established between March and June 2018. The groups were chaired by an IJB member, and the chairs had discretion to invite onto the groups whoever they felt they needed to to meet a brief of creating a broad guiding coalition. These Reference Groups were supported by officer-led Working Groups.
6. The Reference Groups have been working with their members and various sub groups throughout 2018 to produce the Draft Strategic Commissioning Plans, which are attached as Appendix 1.
7. The overarching Strategic Plan is informed by the work of the Strategic Planning Group to develop the vision, values and priorities for the IJB and to agree the cross cutting themes, which have been described as 'Enablers'.
8. The Edinburgh Health Information Key Issues document has been produced by colleagues in public health to provide an update to the Joint Strategic Needs Assessment published in 2016. This information highlights the significance of inequalities on health and provides key context for the strategic plans.

Main report

9. Reference groups were established for each area of the plan, chaired by IJB members. It was agreed that the two disabilities plans should have one reference group with co-chairs. The reference groups and the chairs are listed below:

Reference Group	Chair	Strategic Planning Lead
Older People	Ricky Henderson	Katie McWilliam/Nickola Paul/Andrew Coull
Mental Health	Mike Ash	Linda Irvine/Colin Beck

Learning and Physical Disabilities	Ella Simpson and Angus McCann	Mark Grierson
Primary Care	Melanie Main	David White

10. The reference groups have met on a monthly or bi-monthly basis throughout 2018. At these meetings, they have discussed the development of different areas of the plans and have overseen the direction of travel.
11. The reference groups have been supported by various working groups who have taken forward actions and projects to develop the plans. This has included various mapping projects to ensure that the plans are informed by sound evidence, testing out new concepts and tools and exploring new ideas which will inform future improvements. The Draft Strategic Plan and the Draft Strategic Commissioning plans at Appendix 1 are a culmination of this work.
12. The plans reflect the strategic direction set by the IJB, which means that some of the proposals in the plan may be subject to further engagement and the production of a business case to enable operational delivery.
13. The commissioning plans have adapted over the year, to the extent that two have changed their names. The mental health strategy has adopted the title 'Thrive Edinburgh' to reduce some of the stigma that is associated when describing mental health services. The older people's strategy has been named 'Ageing Well' to reflect the fact that it is not only a plan for older people, but for people who will age.
14. In July 2018, the 'Primary Care Improvement Plan' was approved by the IJB, and this underpins the implementation of the new General Medical Services contract for General Practice. This forms the basis of the Primary Care Commissioning Plan and has been the focus of the activity of the reference group. It has therefore followed an altered timescale and has conducted much of its consultation activity already. This involved extensive discussions with GP colleagues to ensure that there was buy into the approach suggested in the plan and reflected changes required by the new GP contract. It would be fair to say that the significant focus on implementing PCIP has meant that there is additional work to be completed for a true primary care strategy, but there is clarity on the direction of travel and the sustaining and role of primary care both as entity and as a key interdigitation with the other main areas of EIJB's work.
15. The reference groups have also overseen various engagement activities throughout the year. There were a series of public engagement events which asked people for their thoughts on various elements of the ageing well plan in

October 2018. There we got feedback from over 100 people, which has informed the plan. We have established citizen forums for learning and physical disability to gain feedback on the plans from people who have lived experience of using our services. Officers have also spoken to over 100 people by attending other groups and forums attended by people who have a disability. This has provided invaluable feedback to develop the priorities within the disabilities plans. The Thrive Edinburgh reference group held a series of workshops to develop elements of the plan and have had extensive user involvement in the development of the plan including from the Royal Edinburgh Hospital Patient's Council.

16. Audit Scotland's recent report on Integration of Health and Social Care cites Edinburgh's approach to engagement in the development of its Strategic Commissioning Plans as one of 7 examples of good practice from integration.
17. For the next three months, it is important that we continue this good engagement work by putting our plans online and actively seeking feedback on them from people we work with and members of the public. This feedback will then be summarised and used to inform the final draft of the Strategic Plan, which will be published subject to approval by the IJB.
18. In early 2018, the 'Cross Cutting Principles' document was agreed by the SPG and IJB. This outlined principles which underpinned the strategic planning process for the development of the 2019-2022 plan and were considered by all of the Reference Groups as part of the strategic planning process. As well as being threaded through all of the commissioning plans, these principles have been described as 'Enablers' in the overarching Strategic Plan.
19. The Strategic Planning Group also had a number of sessions throughout the year to review the Vision, Values and Priorities of the Strategic Plan. They agreed that many of these elements remained the same, and this is reflected in the overarching Strategic Plan.
20. The Edinburgh Health Information Key Issues document has been produced by colleagues in public health to provide an update to the Joint Strategic Needs Assessment published in 2016. This information highlights the significance of inequalities on health and provides key context for the strategic plans.
21. The final version of the Strategic Plans and Strategic Commissioning Plans will be brought back, with financial plans and final Directions, to the IJB in February. The overarching document shared with the IJB at this point provides the appropriate strategic headlines from the Strategic Commissioning Plans.

Key risks

22. There is a risk that the plans are not affordable within the 2019-2022 budgets and will not be able to be approved by the IJB in 2019. This will be mitigated by having clear understanding of the financial implications of the plans and by presenting options to the IJB, including the future financial risk of choosing not to invest.
23. There is a risk that we do not get comprehensive consultation on the draft plans. This is mitigated by the proposals within the Draft Consultation Plan.
24. There is a risk that the plans will not inform clear, measurable directions, which are tracked by the IJB. This has been mitigated by the development of a 'Directions Template' which includes sections on when the direction will be reviewed by the IJB, and how the impact of the direction will be measured.

Financial implications

25. The Strategic Plan and Commissioning Plans have been developed with an awareness of the current financial pressures and the changing demographics which may lead to an increased spend in the future. The focus on prevention means that they look to the future sustainability of health and social care services, which makes it challenging to measure in year savings.
26. The proposals in the Strategic Plan and Commissioning Plans need to have more financial detail so that the IJB understands the implications of approving the plans. This is something which officers will develop over the coming months so that IJB members can be presented with options for investment.

Implications for Directions

27. In order to implement the actions described in the plans, they will need to be translated into IJB directions to the Edinburgh HSCP and NHS Lothian. The Commissioning Plan for 'Thrive Edinburgh' describes clearly what the proposed directions are, and we need to do this for the other commissioning plans and some elements of the overarching plan. Proposals for directions will come to the IJB alongside the final Strategic Plan and Commissioning Plans.

Equalities implications

28. The Strategic Plan and Commissioning plans have been developed with equalities in mind; however, to ensure we explicitly consider the interests of protected groups in all of the plans, we are committing to conduct Integrated Impact Assessments on each element.

Sustainability implications

29. The purpose of the Strategic Plan is to ensure that health and social care services in Edinburgh are sustainable, high quality and person centred.

Involving people

30. The draft plans have been developed in conjunction with colleagues from the third sector, carer representatives, citizens, health and social care staff and housing colleagues through the reference groups and with the representatives on the Strategic Planning Group. There have also been a series of staff and public engagement events to ensure that the plans were developed with and checked by people who will be using and delivering health and social care services.
31. There is a draft engagement plan for the consultation between January and March, which aims to ensure we get a broad range of feedback on the proposals. This is attached as Appendix 2.

Impact on plans of other parties

32. By nature, the plans include an element of market shaping and describe elements which impact upon private and third sector organisations.

Background reading/references

[Edinburgh Health and Social Care Partnership Strategic Plan 2016 - 19](#)

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Appendices

Appendix 1	Draft Edinburgh IJB Strategic Plan 2019-2022 and Appendixes
Appendix 2	Draft Edinburgh IJB Consultation Plan Jan-Mar 2019

Edinburgh Integration Joint Board

Draft Strategic Plan 2019 – 2022



Working together for a caring,
healthier, safer Edinburgh

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Appendix 1 – Edinburgh Health Information Key Issues

Appendix 2 – Long Term Conditions Plan

Appendix 3 – Health and Wellbeing Outcomes

Appendix 4 – Ageing Well Commissioning Plan

Appendix 5 – Thrive Edinburgh Commissioning Plan

Appendix 6 – Learning Disabilities Commissioning Plan

Appendix 7 – Physical Disabilities Commissioning Plan

Appendix 8 – Primary Care Commissioning Plan

Appendix 9 – Housing Contribution Statement

Appendix 10 – Directions

Appendix 11 – Engagement and Communication Plan

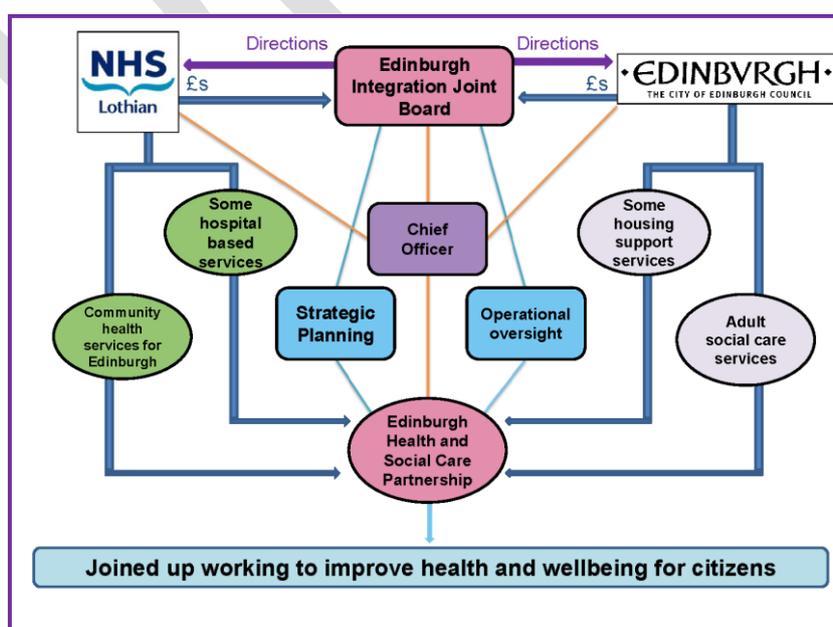
1. Foreword by the Chair and Vice-chair of the Integration Joint Board

To be added following feedback from consultation.

2. Integrating Health and Social Care

In 2014 the Scottish Government passed the [Public Bodies \(Joint Working\) \(Scotland\) Act](#), bringing together the planning and operational oversight for a range of NHS and local authority services for adults in each local authority area under a single body. The purpose of the legislation is to improve the overall health and wellbeing of the population of Scotland by delivering efficient and effective joined up health and social care services.

In Edinburgh, the Integration Joint Board (IJB) is the body responsible for the strategic planning of the services delegated by the legislation. As a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian, the IJB is responsible for planning the future direction of and overseeing the operational delivery of integrated health and social care services for the citizens of Edinburgh. These services are largely delivered by the Edinburgh Health and Social Care Partnership (the Partnership), led by the Chief Officer, although some are managed by NHS Lothian on our behalf. These are referred to as “hosted” or “set aside” services. Table 1 illustrates the relationship between the Integration Joint Board, the Health and Social Care Partnership, NHS Lothian and the City of Edinburgh Council.



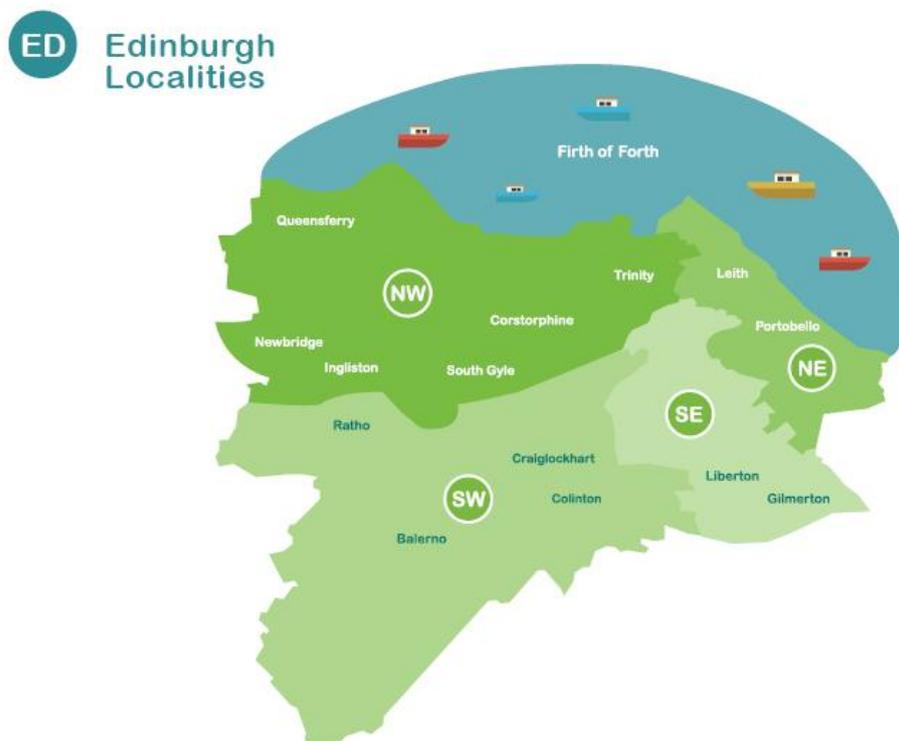
The IJB is responsible for a health and social care budget of around £700 million, delegated from NHS Lothian and the City of Edinburgh Council. This Strategic Plan sets out how the IJB will direct services to be developed and changed over the three years from April 2019 using the resources available to meet the changing needs of the population and achieve better outcomes for people.

The services delegated to the IJB are described in Table 2, below:

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

The Integration Joint Board is a member of the Edinburgh Community Planning Partnership and the Health and Social Care Partnership is one of the [eight strategic partnerships](#) that support the delivery of the council's community plan. The role of the Edinburgh Community Planning Partnership is to ensure that there is a coordinated approach to planning public services through the development of a [community plan](#) for the city. The IJB has contributed to the most recent community plan and supports the focus on reducing poverty and tackling inequalities. A council wide focus on these issues is critical to addressing inequalities in health outcomes, because these are caused by general inequalities in society, which cannot be solely addresses by health and social care.

The health and social care partnership is set up to deliver services on a locality basis, this means that they can work closely with partners in communities such as council services, the fire service and the police. Therefore, by working with our partners in the community, we can influence decisions which impact on the wider determinants of health, such as the economy and jobs, benefits realisation and housing. Working in localities in partnership also means we can work together to work with and engage local communities.



3. Context

The context in Edinburgh and our predictions for the future have not altered dramatically since the last iteration of the IJB strategic plan. There are some positive foundations in the city which this plan builds upon, such as the health and social care partnership's continuing positive relationship with our vibrant third sector, a buoyant economy with high rates of employment and a population of people who are generally staying healthier for longer in their communities.

However, the Edinburgh Integration Joint Board continues to face the three major challenges outlined in the previous plan:

1. An increase in demand for health and social care services that is expected to continue due to a combination of factors including:
 - growth in the number of people living in the city
 - increased life expectancy in the overall population which means that people are living longer but not necessarily healthier lives
 - increased life expectancy amongst people with complex health conditions as a result of advances in medical science
 - an increase in the prevalence of long term conditions in the population overall
 - health improvements are not equally experienced in all areas of Edinburgh, with our areas of highest deprivation still using a larger proportion of health and care services
2. Changes in social policy and public expectations about the health and social care services that local authorities and the NHS should provide.
3. The financial climate which has resulted in the need for both the NHS and local authorities to meet the increased demand for services with less resources in real terms. Over the last three years, we have had particular challenges in recruiting and retaining within our care at home workforce to meet demand.

The challenges that are more specific to Edinburgh are set out in our Edinburgh Health Information Key Issues document which is attached as Appendix 1.

4. Our Strategic Plan

The Integration Joint Board intends to deliver its vision for a Caring, Healthier, Safer Edinburgh through taking actions to transform how Council and NHS services and staff teams work together, with other partners, those who use services and communities.

Our Strategic Plan aims to address some of the challenges we face by:

1. delivering health and social care services in a way which supports people to be well at home for as long as possible, being cognisant of the impact and influence of health and social care services on health inequalities
2. providing the right care at the right time, in the right place
3. providing high quality, person centred ongoing care when people need continuing support at home

It is a legal requirement that the IJB publish a strategic plan every three years setting out how the services and budget it is responsible for will be used to deliver a set of national health and wellbeing outcomes detailed in Appendix 3.

We have chosen to develop four strategic commissioning plans which make up chapters of the overall plan. These areas were identified as key priorities for improving the way we deliver health and social care. There are commissioning plans for primary care, disability services, mental health services and services for older people. The plans are attached as Appendixes 4-8. The plans have been developed by reference groups chaired by IJB members, and have been co-produced by the groups, which have included representatives from housing, carers, citizens, service user representatives, housing colleagues, front line staff, third sector and the independent sector.

5. Vision and Values

Integration Joint Board Vision Statement - 'Working together for a caring, healthier, safer Edinburgh'

What will our system look like in 2022?

- Service users empowered to design their own care (through the design of services and the consistent use of good conversations)

- Services are joined up and work together
- People gain access to services in a timely manner
- Success is measured based on outcomes for people
- 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 through a single point of contact
- People are supported to navigate systems at key stages of their journey (e.g. through link workers in GP practices)
- Service users are involved in designing new services
- Carers are supported to carry out their role in a way that supports the carers health and wellbeing
- We have a skilled and motivated workforce
- Shift to early intervention and prevention, working more closely with children's services

The values of the Edinburgh IJB combine the values of NHS Lothian and Edinburgh City Council:

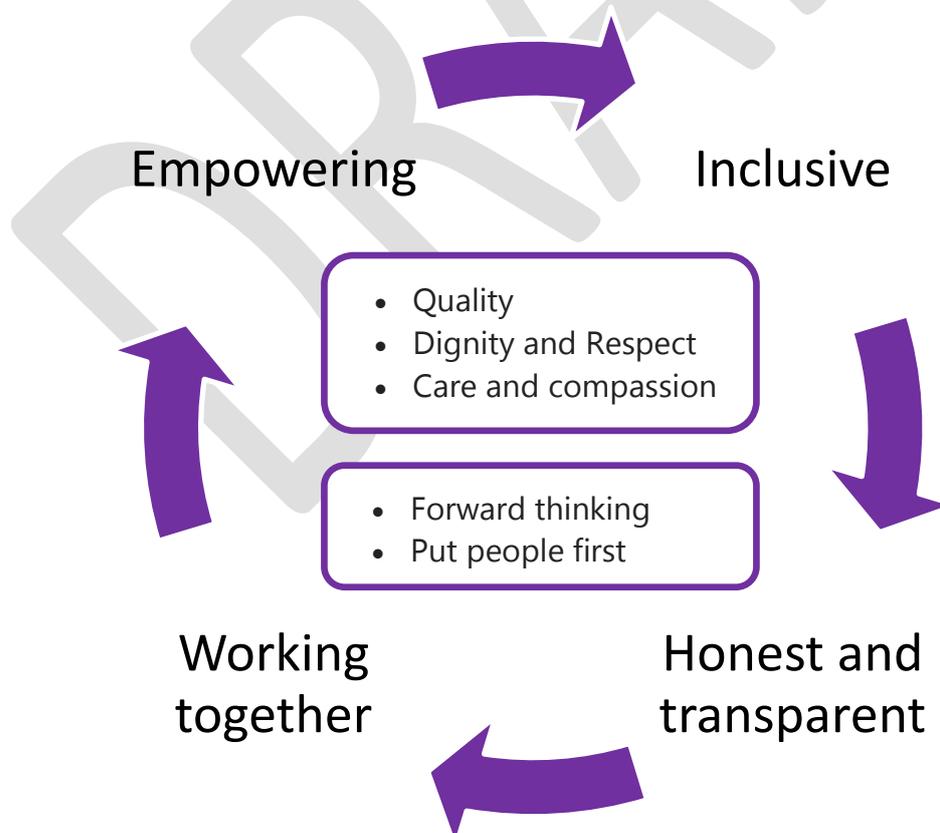


Diagram 1 – IJB Vision and Values

6. Priorities and Principles

The IJB's Strategic Planning Group discussed the priorities for the 2019-2022 strategic plan in July 2018. There was widespread agreement that the priorities identified in the previous iteration of the plan were still the right ones.

These priorities match with the three main principles which are threaded through each of the commissioning plan chapters:

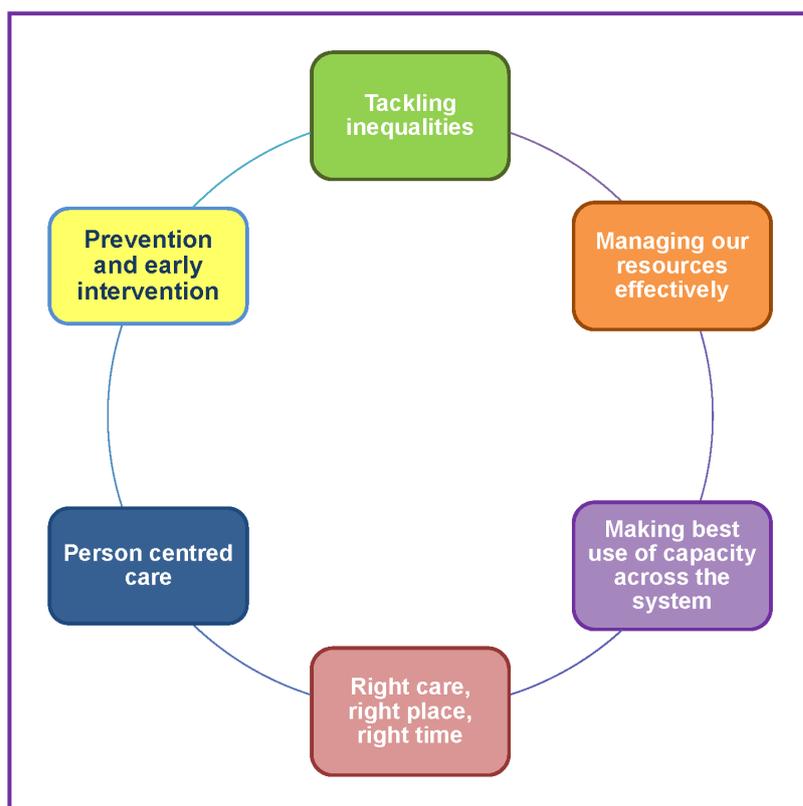
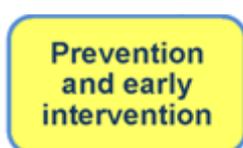


Diagram 2 – IJB Priorities

1. delivering health and social care services in a way which supports people to be well in communities for as long as possible, being cognisant of the impact and influence of health and social care services on health inequalities
2. only providing acute hospital care when it is medically required, providing the right care at the right time, in the right place, when people need help
3. providing high quality, person centred ongoing care when people need continuing support at home

Keeping people well in communities - "Listen and connect"



The [Christie Commission](#) suggested that at least 40% of public service spend in Scotland was on issues that could have been prevented by taking action earlier. Our locality focus means that we have established links with community resources and assets to ensure people have the opportunity to access preventative opportunities which will help them keep themselves as healthy and independent as possible. Helping people build and maintain social networks, preventing falls, increasing physical activity,

Tackling inequalities

supporting unpaid carers and intervening early when long term conditions develop are key components of our approach.

Prevention and early intervention

We know that to improve the way we support people in communities we need to change the way people access services. Our current system operates on a basis of directing people to services and adding them to waiting lists. We are going to redesign the front end of our services, in particular the social care direct phone line, to ensure that people are supported there and then wherever possible. A large element of the success of this will also be to have clear and transparent information on the services available to support people within their communities.

Tackling inequalities

One of the key strands of our preventative activity sits within general practice - we know that many people are supported by their GP in the community and as a result don't need to access hospital services. We need to support our practices to build on this good work. The Primary Care Improvement Plan published in July 2018 outlines the key areas where we need to invest to support the sustainability of general practice. This includes funding additional healthcare workers to take on some of the GP workload, because we struggle to recruit enough GP's. In addition, our Linkworker programme, which has been trialled for the last two years in Edinburgh, aims to navigate and connect people in our most deprived areas to local services. Early evaluation has suggested this programme has been successful in supporting people, and we know that this has resulted in waiting lists for some of our community services. Our grants programme has been focussed on funding programmes which prevent ill health and which tackle inequalities, which should mean funding for some of the services which now have waiting lists. This has also been addresses within our mental health plan, in chapter Y.

Prevention and early intervention

Tackling inequalities

One of the other important elements of prevention and keeping people well in communities, which features in all of our commissioning plans, is housing and the use of technology. These are described as enablers later in this plan.

Providing the right care, at the right time, in the right place - "Support in times of crisis"

Managing our resources effectively

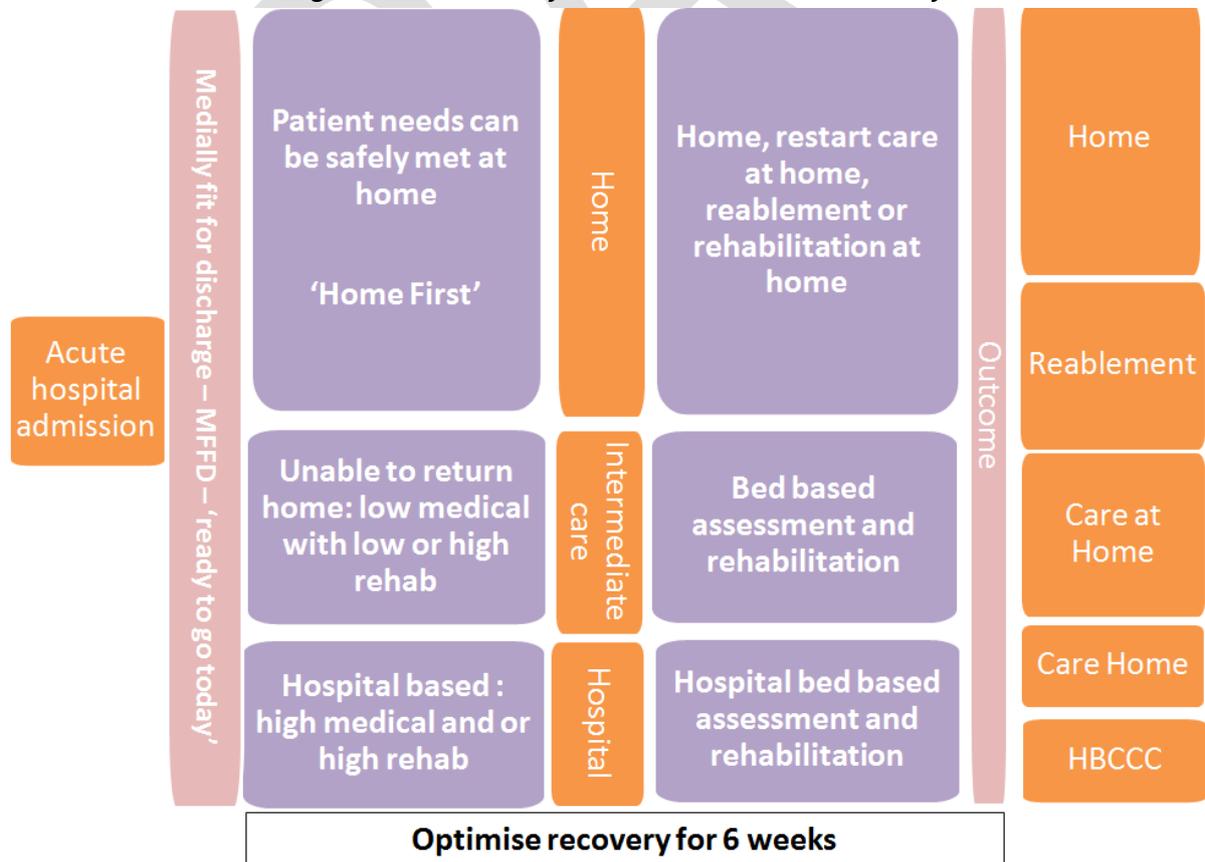
The use of statutory services, including bed based hospital services, is a key part of what we want to commission, but we want to see these as the last option; and that we use them for the minimum possible period of time, with clear therapeutic intent.

Making best use of capacity across the system

We want to help people return to as much independence as possible in their own homes and communities. Our pathways and planning will be focussed on community services as the front line and to shifting resources to support this as much as we possibly can. We will use clear and understandable pathways so people can return to their own homes smoothly. We want to see institutions as a temporary diversion rather than a destination for longer term care – the principles of which are described in Diagram 3, below. There should be a staged approach to care with clear step down in each of our services. These are described in more detail in our strategic commissioning plans in chapters 8-11 of this plan.

Right care, right place, right time

Diagram 3 – Pathways from Acute to Community



High quality, person centred on-going support - "A good life"

Person centred care

If people do need long term care, we are taking steps to create the capacity in the community so that people can receive care at home or in a care home. This includes making sure we support people to get the care which fits their individual needs by having good conversations with them and considering the other assets that people already have in their lives.

Right care, right place, right time

Care should not be dictated to people, but shaped around what people think would help them to live as independently and happily as possible. We will also use Self Directed Support (SDS)

Person centred care

options to ensure that people have control over how they use their budget for care support. We will ensure people continue to get the level of care they need and want by reviewing their care needs regularly and adapting packages to meet the level of need.

Right care, right place, right time

We will also work with providers of care to give them more control over the assessment and review processes so that they can take decisions around adapting packages of care. Additionally, we are setting up our contractual arrangements in a way which supports organisations to offer their services using SDS options.

7. Enablers for Success

Carers

Carers are a key part of the health and social care workforce. We know that there are hundreds of people in Edinburgh who care for a family member or friend, often on top of working and other caring responsibilities such as childcare. We have a carer's team who support this group who have been developing a Carer's Strategy. This describes the various services we have available to support carers, including respite from caring, which involves carers receiving a small budget which they can spend to get a break from their caring role – whatever that looks like for them.

In 2018 we have rolled out the John's Campaign to all care homes in Edinburgh and the IJB have endorsed this approach. The John's campaign advocates for carers to be involved with planning and decision making for the person they care for.

Throughout 2018, we have been piloting a new carers assessment tool, which can be used by health and social care staff and the independent and third sector, to assess someone's needs as a carer and to work out what support they may be entitled to. This tool is a simplified version of our current carers assessment tool and the ambition is to reduce the bureaucracy in getting carers the support they need. More information on our plan for carers will be included in the Carer's Strategy.

Workforce

The successful delivery of high quality health and social care services is underpinned by having an appropriately resourced, trained and qualified workforce. Our dedicated, compassionate, caring staff deliver services which are essential to people's lives, and our services could not be delivered without them.

Unfortunately, we are facing significant challenges relating to our workforce. We know that many of our nurses are entitled to retire in the next few years, which will leave a gap. We have identified the extent of the issues within our workforce plan and are working with the Scottish Government, Universities and Colleges to try to address some of this shortage. The workforce plan also outlines similar challenges relating to social work staff and care workers, which we are also working to address. This year we have had a particular focus on care at home due to the challenges recruiting and retaining staff, and subsequently organisations not being able to provide packages of care which leads to people waiting in the community and in hospital.

Housing

Edinburgh Council has committed to build 20,000 affordable homes over the next 10 years and part of that commitment is to build 4,500 homes which support health and social care services. This means that we will have more homes which are more accessible, designed to support people who require additional support and are easily adaptable as people's needs change. There are also wider considerations for housing such as ensuring people's housing enables them to be healthy (e.g. not damp, warm enough), reviewing our adaptations service and creating affordable housing for our health and care workforce. We are also working closely with housing colleagues to plan for more housing to meet the needs of our homeless population. These issues and some of our solutions will be more fully described in our Housing Contribution Statement.

Transport

Working with our colleagues in transport to develop the infrastructure is integral to delivering sustainable, accessible services. We will support the [Transport 2030 Vision](#) and work with colleagues to deliver its ambitions. The priorities of the plan support people to be healthier by enabling more active transport and to reduce the impact of pollution on people's health. It also prioritises accessibility of transport links, which includes ensuring we consider this when we build new homes.

Engagement and Communication

As part of the development of this plan, we have worked with staff and members of the public to ensure that their ideas have been included in our plan. We know that we need to be better at doing this on an ongoing basis, and we also know we need to improve our website to improve our information sharing and communication. In 2019 we will update our current website, with a view to a completely new website in the next few years. We are developing a communications and engagement strategy to support this work.

Equalities

Equal access to services for all, committed to conducting Integrated Impact Assessments for this plan to ensure we have considered the needs of all protected groups.

Transitions

Across health and social care services there are multiple transitions that people go through and we know this can be a stressful time for people and their families. As a principle we want to develop transitions across pathways to ensure we have clear information, good communication as early in the process as possible and clear, simple pathways.

SDS and Commissioning Approaches

We will place a premium on flexible commissioning; allowing providers to conduct assessments and adapt care as necessary and to use SDS options. This will be reflected in the contracts we write over the next three years. We will also ensure we commission based on outcomes for people receiving care.

Shifting the balance of care

Each of the plans focuses on how we increase our community capacity to deliver services and reduce our spend on acute hospital care. This is built on the understanding that to reduce our demand on acute care, we must invest more to support people to be well in communities.

Long-term Conditions

In Scotland, it is estimated that 47 percent of the adult population have at least one long term condition and the number of people who live with multiple and complex conditions is growing¹. Common long term conditions include epilepsy, diabetes, heart disease, arthritis, chronic pain, asthma and chronic obstructive pulmonary disease (COPD). 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 conditions², 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.

We have a dedicated long term conditions team which support a number of projects which enable preventative activity and community based support for people with long term conditions. This covered in more detail in the Long Term Conditions plan at Appendix 2.

Technology and Systems

Technology provides an opportunity to enable people to be independent at home for longer and there are some exciting advancements we have made and will make over the next few years. However, we recognise that we still have improvements to make within our own organisational IT systems. Staff frequently report IT and systems as their main barrier to doing their roles effectively. We need to take a number of steps to address this, working with council colleagues on the re-provision of the SWIFT system, which is how social care data is recorded.

We also know that technology is playing an increasingly important role in keeping people well at home for longer. New innovations mean that technology can replace some of our traditional care services, for example, using systems to set up automated medication prompts. We have identified technology champions within our locality teams who will be trained and up to date in the latest technologies available. We

have also set up a smart house in conjunction with Blackwood Housing Association to showcase the latest technologies and to encourage people to visit and to see and test out what might be available to support them. As a result of this development, we also need to review the role of the SMART centre, which is based at the Astley Ainslie Hospital.

Volunteering

The Edinburgh IJB continues to recognise and support the role that volunteers play in supporting people to be well in communities. We have a close relationship with our third sector, which recruits many volunteers to enable the delivery of services. The health and social care partnership will continue to support the [Edinburgh Compact](#) in developing Edinburgh's Third Volunteering and Active Citizenship strategy (VACS), which is currently being developed.

8. Monitoring Performance

In order to ensure that the IJB can measure performance against the things we say we will do in our plan, we are ensuring that the directions coming from the plan have clear performance indicators included. There is also a designated review date specified in the direction for each.

This is in addition to the regular update to the IJB on the core suite of integration indicators, the Ministerial Steering Group measures and our local performance indicators.

Engagement action plan – Draft Strategic Plan for the Edinburgh Health and Social Care Partnership

1 Background

As an IJB and a Partnership, we must produce a strategic plan for the Scottish Government explaining how we will plan and deliver services in the medium term (3-5 years).

The strategic plan explains how we will achieve the [Scottish Government's Health and Wellbeing objectives](#) in Edinburgh.

The strategic plan covers adult health and social care services (for age 18+) and is split into five sections:

- older people
- mental health
- learning disabilities
- physical disabilities
- primary care.

There are also some areas that relate to all sections of the plan. This covers subjects like carers, housing, volunteering, transport etc.

This engagement activity will ask for views of the final draft of the Strategic Plan for 2019-2022.

2 Dates

The engagement will take place between 3 January and 21 March 2019. The feedback gathered will be looked at on an ongoing basis throughout the consultation period, and will be fully evaluated between 21 and 29 March 2019. The full Strategic Plan is due to be published on 1 April 2019. The plan will be made available to members of the public on the Consultation Hub, and emailed to anyone who gave us feedback if they requested this.

3 Objectives

- To ensure that the Health and Social Care Staff Group, our partners, service user groups and citizens have access to and understand the Draft Strategic Plan
- To gain the views of the above groups on the parts of the draft plan that could change
- To ask the above groups if they feel we have missed anything important

4 Key messages

- The Strategic Plan will shape the way that the Edinburgh Health and Social Care Partnership will operate and deliver services for the next three years
- The way Health and Social Care services are delivered affects almost everyone in the city, so it's important to have your say
- This is part of wider and ongoing engagement with citizens and stakeholders
- Results of feedback received will be shared via the Consultation Hub and emailed to anyone who gave us feedback if they request this.

5 Risks

Risk	Solution?
Participants will think that aspects of the plan can be changed that can't.	The engagement materials will make clear what can be changed and what can't
Participants will feel that the material is too complicated/not accessible	The materials will be broken down into smaller, more specific chunks, and an easy read version of the plan will be made available
Groups and citizens in the city may miss communications around this consultation period	We will work closely with third sector colleagues, and build upon engagement which has already taken place
Information is not accessible	work with partners who can make the plans accessible i.e. Deaf Action

6 Audience

As 99% of citizens in Edinburgh use Health and Social Care services in some way, in theory our audience is everyone living within the City of Edinburgh boundaries. However, the reality is that most citizens will not engage with consultations unless the subject directly affects them at the time. Therefore, efforts will be focussed on key stakeholders and service user groups:

- Edinburgh Health and Social Care Partnership staff
- third sector organisations
- independent sector organisations
- current service users and service user groups:
 - learning disability and autism
 - physical disability inc. sensory impairment
 - older people and people with dementia
 - long term conditions
 - BME communities
 - socially isolated
 - mental health and substance misuse
 - carers

7 Method

The full draft plan plus and easy read/accessible version will be available on the Consultation Hub. Relevant parts of each section will be extracted and explained in further detail if necessary. As well as questions about the overall plan, there will be questions about the specific relevant parts of the plan. The link to this information can be shared across our established networks of mailing lists, newsletters and social media feeds.

Printed versions of all the materials will be made available on request, and a poster/flier directing people to the information online can be created if it is felt there is a need.

Although it is important for the full plan and questions to be available online, it is not possible that this alone will reach the key target audience for this piece of engagement. It will be essential for members of Strategic Planning to work with specific partners and groups of citizens to make sure they are aware of the content of the plan and get their feedback. The online materials may help with this, but the larger

part of this piece of work will be meeting people face to face. This could be as part of established service user group meetings, or the Partnership could organise specific workshops around topics in the draft plan if it was established there was a need for such events.

The results of all the engagement will be made available online, and communicated through established networks. Anyone who requested the results while taking part in any of the engagement activity will be sent a copy.

8 Evaluation

- Number of online responses
- Number of hits on the Consultation Hub (Strategy and Insight can provide)
- Number of people attending groups/workshops
- Number of existing groups engaged with by partnership staff

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Engagement Action Plan – Draft Strategic Plan

Activity	Audience	Location and specification	Dates	Costs	Evaluation	Status	Lead
Emails	Staff, partners, citizens	<ul style="list-style-type: none"> ▪ All staff email ▪ Wider council email groups ▪ NHS email groups ▪ Judith's weekly update ▪ EVOC noticeboard ▪ Strategic planning groups ▪ Contracted providers ▪ Grant funded providers ▪ Councillors' briefing 	Jan-March 2019	£0	<ul style="list-style-type: none"> ▪ Number of enquiries ▪ Number of visits to online survey 		Rachel Howe
Meetings/workshops	Staff, partners, citizens	<ul style="list-style-type: none"> ▪ Established service user and community groups ▪ Community Councils ▪ EVOC Thinkspace event ▪ Specific events organised if a need is identified 	Jan-March 2019	£0	<ul style="list-style-type: none"> ▪ Number of attendees ▪ Number of visits to online survey 		Rachel Howe can co-ordinate, but requires support of whole Strategic Planning team
Consultation Hub	Staff, partners, citizens	<ul style="list-style-type: none"> ▪ Copy of full draft plan and easy read version available ▪ Opportunity for general comments ▪ Questions about specific parts of the plan 	Jan-March 2019	£0	<ul style="list-style-type: none"> ▪ Number of visits to page ▪ Number of responses 		Rachel Howe
Social Media	Citizens	<ul style="list-style-type: none"> ▪ Council accounts ▪ NHS accounts ▪ EHSCP twitter 	Jan-March 2019	£0	Replies, retweets, mentions, favourites, clicks through to Consultation Hub		Rachel Howe to liaise with

							media team
Paid for social media (inhouse/small scale)	targeted	<ul style="list-style-type: none"> Council accounts 	Jan-March 2019	Allow £50 to £200	Clicks, likes, etc		Rachel Howe to liaise with media team
Leaders' Report	Stakeholders, businesses		Jan-March 2019	£0	Reach, linked content evaluation		Rachel Howe to liaise with communications team
Newsblog/release	Media/citizens	<ul style="list-style-type: none"> Council site 	Jan-March 2019	£0	Media coverage, online and print		Rachel Howe to liaise with media team
Content for emagazines/web pages etc	Third and independent sector	<ul style="list-style-type: none"> Content sent to contacts for magazines etc 	Jan-March 2019	£0	<ul style="list-style-type: none"> Number of visits to page Number of responses 		Rachel Howe
Posters	Citizens	<ul style="list-style-type: none"> Council offices NHS offices Hospital sites GP surgeries Dental surgeries Pharmacies Libraries Edinburgh Leisure sites 	Jan 2019	£600	<ul style="list-style-type: none"> Number of visits to page Number of responses 		Rachel Howe
Newsbeat	Staff		Jan-March 2019	£0	Google analytics – reads		Rachel Howe to liaise with communications team

Post consultation

Activity	Audience	Location and specification	Dates	Costs	Evaluation	Status	Lead
Feedback on Consultation Hub	Staff, citizens, partners	<ul style="list-style-type: none">Feedback given in we, asked, you said, we did format	April 2019	£0			Rachel Howe
Feedback to everyone who participated and requested feedback		<ul style="list-style-type: none">Email message	April 2019	Small cost for letters			Rachel Howe

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