

REPORT

Strategy Progress Report

Edinburgh Integration Joint Board

27 April 2021

Executive Summary

1. The purpose of this report is to update the Edinburgh Joint Integration Board (EIJB) on the progress of the next strategic planning cycle.
2. The Futures Committee is sponsoring the development of a higher-level strategic vision for the EIJB and was last updated on the progress of this work on 2 February 2021.
3. The Strategic Planning Group (SPG) has reviewed the progress of the next 3-year strategic planning cycle at its last three meetings. The last review was on 17 March 2021.
4. Over the next 12 months the transformation programme will evolve to become the strategic core programme to modernise our services in line with EIJB strategic priorities. The programme was disrupted by COVID-19 from March 2020 but restarted in August 2020. A transition plan to plot the next stage of transformation into the core programme will be produced by August 2021. The SPG was last updated on the progress of the Transformation Programme on 17 March 2021.
5. The EIJB strategic ENDS, WAYS and MEANS and strategic priorities have been refined by the SPG.
6. Work on updating the Joint Strategic Needs Assessment (JSNA) began towards the end of last year on a priority basis. The SPG was last updated on JSNA progress on 17 March 2021.
7. A consultation and engagement programme on the next 3-year strategic commissioning plan began on 26 February 2021 and will run throughout the year.

	<p>8. The impact of COVID-19 and lessons learned are being considered as part of the planning process and core programme.</p> <p>9. The Scottish Government sponsored Review of Adult Social Care was published on 4 February 2021. Developments are being closely monitored and aligned where possible as the strategic planning cycle develops.</p> <p>10. Alignment is also being sought with the City of Edinburgh Council (CEC) Business Plan 2030 and the NHS Lothian (NHSL) emerging Strategic Framework.</p> <p>11. The key timings for the 3-year strategic commissioning plan 2022-25 are the production of an initial draft to the SPG by August 2021 and the publishing of the final draft in March 2022.</p>
--	---

<p>Recommendations</p>	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Notes the progress of the current strategic planning cycle. 2. Agrees the SPG approved strategic ENDS, WAYS and MEANS and refined strategic priorities. 3. Notes the progress of the Transformation Programme and the plan to transition this work into the Strategic Core Programme. 4. Notes the progress of the JSNA. 5. Notes the progress and plan for engagement and consultation. 6. Notes the timeline and milestones for development and production of the next 3-year strategic commissioning plan 2022-25.
-------------------------------	---

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Main Report

Strategic Planning:

1. The EIJB reviewed the current strategic plan for 2019-2022 in October 2020. As part of the look forward, the EIJB agreed that the Futures Committee would initially sponsor a higher-level strategic vision for the EIJB, not bound by time and designed to guide future 3-year strategic planning cycles. Informed by the refresh of the JSNA, once drafted, this work would be referred to the EIJB via the SPG. There is no formal time pressure to produce this higher-level strategic vision, but it makes sense to shadow at best effort, the production timeline of the next 3-year strategic commissioning plan. A framework has been developed and was approved by the Futures Committee on 2 February 2021. The outline framework (version 1) is at Appendix 1.
2. The intent remains to publish the next mandatory 3-year strategic commissioning plan for the period 2022-25 in March 2022. The next strategic plan will be a continuation of the previous plan with more emphasis on implementation. The SPG will continue to shape the development of the next strategic plan by identifying gaps in the current plan, providing broad stakeholder insights and approving progress. The SPG has reviewed the progress of the strategic planning cycle at its last three meetings. The last SPG review was on 17 March 2021. The outline framework (version 2) is at Appendix 2.
3. The principles being applied to the next strategic planning cycle are:
 - **Continuity** – build confidence through consistency of approach building on the current strategic programme
 - **Alignment** – identify gaps, avoid duplication and seek efficiencies
 - **Collaboration** and ‘buy in’ – partnerships and avoidance of silos
 - **Credibility** – set out what we can achieve in the 3-year timeframe
 - **Affordability** – consider the financials including ‘spend to save’
 - **Prioritisation** – set realistic targets and sequence
 - **Translation** – explanation, communication and engagement throughout

4. The SPG has approved the refined strategic ENDS, WAYS and MEANS and the refined strategic priorities. These are set out in the slide pack at Appendix 3.
5. The next strategic plan for 2022-25 will consider outcomes and outputs flowing from the transformation programme and will shape commissioning activity by client group. The transformation programme will transition to the Strategic Core Programme over the next 12 months and remain central to the delivery of EIJB strategic ambitions. The initial draft of the strategic plan 2022-2025 will be produced and reviewed by the SPG in August 2021, providing 6 months to further develop and refine before final EIJB approval in March 2022.
6. The next strategic planning cycle will be influenced by the evolving engagement programme including output from the Edinburgh (Wellbeing) Pact engagement work and other work including the 2019 Poverty Commission Report and the recently published national Report on Adult Social Care, the progress of which is being closely monitored. Alignment is also being sought with the City of Edinburgh Council (CEC) Business Plan 2030 and the NHS Lothian (NHSL) emerging Strategic Framework. EHSCP officers are engaged with Partners to improve situational awareness, avoid duplication of effort and to achieve a higher level of coherence.
7. A consultation and engagement programme on the next strategic plan began on 26 February 2021 and will continue throughout the year in the lead up to the publication of the 3-year strategic commissioning plan for 2022-25. Dates are scheduled for staff engagement into April 2021. Third and independent sector engagement and outreach to the public is being planned now by the communications and engagement team. The ideas/exchanges from each event is being written up and themes captured. The content and approach will be adapted as necessary as the engagement programme advances.
8. **Production Timeline.** The timeline and milestones are set out below:
 - 2 Feb 21 – Futures – high level strategy update
 - 26 Feb 21 – engagement and consultation session
 - 11 Mar 21 – engagement and consultation session
 - 17 Mar 21 – SPG – strategy progress update
 - 6 Apr 21 – engagement and consultation session
 - 27 Apr 21 – EIJB – strategy progress update
 - 12 May 21 – SPG – strategy progress update
 - 22 Jun 21 – EIJB – strategy progress update (TBC)
 - 12 Aug 21 – Futures – high level strategy update
 - 18 Aug 21 – SPG – **initial draft of Strategic Plan 2022-25**
 - 14 Sep 21 – EIJB – review initial draft of Strategic Plan 2022-25
 - Oct/Nov 21 – CEC Policy and Sustainability Committee (TBC)



- Oct/Nov 21 – NHSL Governance Committee (TBC)
- 15 Dec 21 – SPG – **advanced draft of Strategic Plan 2022-25**
- **Mar 22 – EIJB sign off 3-year strategic plan 2022-2025**

JSNA:

9. Work on updating the 2015 JSNA began towards the end of 2020. Due to pressure on capacity, the refreshed JSNA is being produced on a phased, priority basis, with progress managed through the SPG. An interim Performance and Evaluation Manager joined EHSCP on 17 February 21 and is now coordinating the JSNA effort. Responsibility for the monitoring and upkeep of the JSNA will sit within the portfolio of this new post supported by input from our partners CEC and NHSL. The SPG was last updated on JSNA progress on 17 March 2021.
10. Individual topic papers have been prioritised and will be brought together into a final summary document at the end of the process. Three topic papers within phase 1 have already been presented to the SPG, these are:
 - Population and demographics
 - Poverty in Edinburgh
 - Dementia
11. We continue to work on phase one papers, with two further papers nearing completion: Edinburgh population health and Carers. Two of papers due to be completed in phase one have been reprioritised to allow a focus on the data required for the strategic plan process: People with disabilities and People with drug/alcohol problems.
12. Topic papers once completed are being placed on the EHSCP website and used to inform strategic planning and core projects. Phase two topic papers will begin production at best effort in the second half of 2021.

Strategic Core Programme (Transformation):

13. In February 2019, the EIJB approved a report by the Chief Officer regarding plans to establish a transformation programme to deliver significant and sustainable change and improvement to health and social care services. The EIJB also approved plans to ring-fence £2 million of non-recurring funding from reserves to support delivery of the programme.
14. The Strategic Plan 2019-2022, which was approved by the EIJB in August 2019, set out the structure, proposed content and governance of the transformation programme. Following a period of programme initiation and the recruitment of a dedicated team to support delivery, the transformation programme formally launched in February 2020.



15. Between March and July 2020, the programme suffered delays due to operational pressure and challenges associated with the COVID-19 pandemic. Several project staff were redeployed to support the COVID response and service managers and frontline staff did not have enough capacity to drive forward core projects at the pace originally anticipated. A Return to Transformation Report was approved by the EIJB in July 2020, setting out a phased approach to delivery. A lessons learned exercise was coordinated by the transformation team from early April to late July 2020 and these lessons have been used to refine individual projects where relevant.
16. Transformation projects will evolve into the strategic core programme over the next 12 months and will remain central to the delivery of EIJB strategic ambitions.

Scope:

17. The core programme is a medium-term change programme, designed to deliver sustainable and quality health and social care services for the city and improved outcomes for individuals. The programme is structured around the Three Conversations model, with three main programmes of work aligned to the three conversation stages and a further programme of work delivering cross-cutting, enabling change.
18. The 4 programmes of work are:
- **Conversation 1: Listen and Connect** – this programme is focused on improving the quality of our interactions with individuals and their families. Projects are seeking opportunities to make a sustained shift towards a preventative agenda, working with our partners to build community capacity and resilience and supporting people to use their assets and strengths to remain independent for as long as possible.
 - **Conversation 2: Working Intensively with People in Crisis** – this programme is focused on helping to support people more effectively at points of crisis in their lives. This includes improving the pathways from acute to community and establishing sustainable services to help people regain control of their lives and return to independence.
 - **Conversation 3: Build a Good Life** – this programme is focused on improving the quality and sustainability of services for those who may require longer term support. Key to this is choice, and helping people build a good life and to remain independent at home or in a homely setting, for as long as possible.
 - **Programme 4: Cross-Cutting Enablers** – this programme is focused on providing cross-cutting, enabling change, such as workforce, housing and technology, to ensure that the programme has the required means to deliver against the EIJB strategic ambitions.

Current Status of Programme:

19. A robust governance architecture oversees the development and delivery of the programme. Programme boards, with a wide range of multi-disciplinary stakeholders, meet on a monthly basis to scrutinise progress and proposals. The programme boards feed into an overall portfolio board, chaired by the Chief Officer. Regular updates are also provided to the SPG. The last update to the SPG was on 17 March 2021.
20. Several projects are due to bring forward specific proposals for EIJB approval in the coming months and target dates for this are set out in the milestone plan at Appendix 4.
21. More detailed information on progress to date and key achievements for some of the main strategic priorities is set out below:

3 Conversations:

22. The 3 Conversations project was the first element of the programme launching in April 2019. The approach is focused on having person-centred and collaborative conversations with people to deliver better outcomes. 3 Conversations is, at its heart, a cultural change programme, focused on cutting bureaucracy and supporting staff to respond to people more quickly, effectively and efficiently.
23. A Phase 1 evaluation report was produced in March 2020 setting out the key learning and impacts from the first stage of the roll-out of 3 Conversations. This report was recently circulated to EIJB members.
24. Following some delays due to the impacts of COVID-19, the project is now making good progress in scaling up and rolling out the 3 Conversations approach. The contract with Partners 4 Change has been extended to ensure continuity of support until March 2022. A dedicated Practice Lead post has also been recruited to build internal expertise and capacity and to ensure no further consultancy support is required in the longer term.
25. As of March 2021, there are 11 'live' innovation sites and a further 6 in the pipeline. It should be noted that while it is the intention to adopt a 3 Conversations ethos across all services, the extent to which the approach is fully embedded will vary across teams. In rolling out the approach to date, the focus has been on assessment and care management staff, of which 35% are now practicing in a 3 Conversations way. In the next phase, the approach will be tested across a wider range of teams, including in health/clinical settings.
26. EIJB members have been provided with a more detailed Briefing Note on 3 Conversations in advance of this board.

**Bed Base Care Review:**

27. The Bed Base Care project will create and implement the strategy and future model for bed-based services in the city, seeking to improve quality, capacity, flow and outcomes. The overall vision aligns with the national priority to shift the balance of care from acute to community-based settings. The project is designing a bed-based model that best meets the future demand profile. A model that is sustainable, flexible and based on a whole-system approach.
28. An extensive engagement process took place between November 2020 and January 2021, involving a wide range of staff involved in the delivery and/or management of bed-based care. Feedback from this engagement, along with further data and benchmarking is being used to develop the strategy.
29. This project is significant in scale, with considerable complexity and interdependencies between 11 workstreams. As such, it will require to be developed and implemented on a phased basis over time. Phase 1 will focus on workstreams: intermediate care, hospital based complex clinical care (HBCCC), care homes, respite beds and specialist in-patient rehabilitation beds.
30. The plan for Phase 1 will be presented to the SPG in May 2021 ahead of a formal report to the EIJB in June 2021, which will include proposed directions and associated timescales. A further report to the EIJB is currently planned for October 2021, setting out Phase 2 of the Bed Base Strategy. This phase will focus on workstreams: palliative care and end-of-life beds, mental health rehabilitation beds and supported housing.

Home First:

31. The Home First project is redesigning pathways between hospital and community settings, transforming services to better support people to remain at home or in a homely setting. The overall vision is to support people to maintain as much independence as possible through a new model of assessment and rehabilitation led by Home First Edinburgh.
32. The project is supporting a shift in the balance of care from acute to community settings, by providing health and social care services in alternative settings to hospitals, where it is safe and appropriate to do so. It has adopted a culture of integrated, multidisciplinary team decision making based on the needs and preferences of patients and citizens.
33. The Home First Edinburgh principles have been adopted across all Lothian Partnerships providing the opportunity to implement a pan-Lothian approach to some aspects of service delivery. A small team of Home First staff were introduced to acute sites (the Western General Hospital and the Royal Infirmary of Edinburgh) in March 2020 and have been assisting acute teams to support discharge arrangements, linking to community services and supports and

enabling people to return home when they are clinically ready to do so with the appropriate care and support. From April 2020, the Home First team have been screening referrals from acute sites to intermediate care.

34. The Redesign of Urgent Care is a national initiative prioritised by the Scottish Government in August 2020 and taken forward in Edinburgh by the Home First project team. In recognition of the fact that an estimated 20% of patients that attend emergency departments can be managed in an alternative way, a single point of access has been created through NHS24 which is available 24/7. Significant work has been done across NHSL and Lothian HSCPs, to develop and enhance urgent care pathways. These pathways improve professional referrals into urgent community and secondary care services with an agreed response time. This approach enables care to be provided closer to home and reduces hospital attendances and admissions.
35. The next phase of the project is looking to implement a planned date of discharge (PDD) in place of an estimated date of discharge (EDD). The PDD will be set by multidisciplinary teams working together to set realistic goals following assessment of the patient. The PDD adopts a proactive approach to discharge planning and should reduce the overall length of stay in hospitals and avoid patients becoming delayed.
36. By December 2021, the project team will establish a firm Home First team structure in Edinburgh with defined roles and responsibilities and agreed job descriptions, to ensure the sustainability of the model going forward. This will signal the end of the project work as the new Home First Edinburgh model is implemented in the city.

The Edinburgh (Wellbeing) Pact and Community Mobilisation:

37. The Edinburgh Pact will define and embed a new relationship between the public and the EHSCP. The Pact is underpinned by a shared common purpose; to maximise the wellbeing of our citizens and to create thriving, healthy and informed communities. The Pact will set out what the people of Edinburgh can expect from services provided and how they can play their part in delivering a safer, healthier and caring Edinburgh. The Pact closely aligns with the aims and ambitions set out by the Poverty Commission and the City Vision.
38. The work to develop the Edinburgh Pact has involved extensive engagement and consultation with public, staff and stakeholders. In summer 2020, EHSCP began a wide-ranging conversation including a public survey, focus groups with staff, facilitated meetings with third sector and communities of interest and 1:1 interviews with a variety of thought leaders across the city. The development of the Pact is an iterative process, which will involve an ongoing conversation with citizens, staff and stakeholders.

39. As part of the process of enacting the Edinburgh Wellbeing Pact, a separate project focused on Community Mobilisation has recently been initiated. This project will establish new and collaborative ways of supporting and investing in communities, with a focus on community empowerment. There is a separate report to the April EIJB which sets out further details of both the Pact and the detailed plans for Community Mobilisation.

Digital:

40. The Covid-19 pandemic has prompted and enabled a significant acceleration of the use of digital technology within EHSCP, both to provide services and supports to citizens and to enable staff to work more flexibly and effectively when face to face communication has not always been possible. It is anticipated that the future approach will be a blend of virtual and face-to-face support.

41. The core programme recognises the importance and potential of digital transformation as a driver for change and improvement across our services. The programme originally identified two distinct digital-related projects: The Digital, Technology and Equipment project within the Conversation 1 programme, and the Digital Strategy for Business project, within Programme 4, Cross-Cutting Enablers.

42. The Digital, Technology and Equipment project is focused on the transformation of services that support people to remain independent and promote a self-supported management approach. The Digital Strategy for Business project, within Programme 4, is focused on the transformation of our internal systems and digital capability to enable and support wider transformation. There have been resource challenges in both projects over recent months and progress has not been as fast as originally anticipated. Considering this challenge, and recognising the obvious synergies between the two projects, work is currently underway to re-scope a single, prioritised project bringing together the key strategic elements of both projects. This would make best use of available capacity, allow for a more coherent approach and ensure all elements of our digital transformation are considered in alignment.

43. A single technology facing project would focus on the redesign of our services and systems to support the implementation of the recently published Scottish Government's Digital Strategy and Digital Health and Care Strategy. It would also align with the principles contained in the Independent Review of Adult Social Care and the national strategy to shift the balance of care from acute to a more preventative, community-based, self-management approach to which digital innovation is key.

44. Despite the current situation, there is a range of digital work progressing and SRO for the Digital, Technology and Equipment project is maintaining an oversight of all digital-related workstreams. Work is underway to ready our community alarm and technology-enabled care services for the transition from

analogue to digital connectivity. Dedicated project management resource has been secured to drive this work. Whilst the project sits out with the core programme structure, it will provide the essential foundations to allow future transformational change and innovation in the delivery of technology-enabled care. Work is also progressing in the preparation of a business case to replace the current, outdated Webroster scheduling system (used in homecare services) with an updated and fit-for-purpose alternative which will link and align with other systems used now and in the future within EHSCP.

Monitoring and Measuring Impact:

45. Work has been done to identify appropriate benefits measures for the programme where possible. It should be noted that the projects within the core programme are at different stages of maturity. Not all projects are yet able to confirm measures or report data.
46. Benefits and evaluation will continue to be a focus of the programme team going forward. Additional data analyst resource has recently been secured to support the programme and to provide greater transparency and understanding of the impacts of transformation. The current status of benefits measures for all projects is set out at Appendix 5.

Future Milestones and Next Steps:

47. Several projects within the core programme will shortly bring forward reports to the EIJB setting out proposals for change. Reports will set out full details of any proposed changes to service models and will include full details of any required investment or targeted efficiencies and where appropriate, full Integrated Impact Assessments. The milestone plan at Appendix 4 sets out the key reporting dates, which include:
 - Community Mobilisation project and Edinburgh Wellbeing Pact, report to the EIJB in April 2021
 - Phase 1 of the Bed Base Care Strategy, report to the EIJB in June 2021
 - Business case for replacement scheduling tool, report to the EIJB in June 2021
 - New workforce strategy, *Working Together*, report to the EIJB in August 2021
48. In addition to this, the programme will continue to report to the SPG giving members the opportunity to shape and scrutinise proposals and progress.
49. The transformation programme is currently funded on a one-off basis, with ring-fenced investment of £2 million. The transformation team has been recruited on a fixed-term basis, with most temporary contracts due to expire from December 2021. There will be a need for some ongoing support in the mid to longer term to ensure successful delivery of the desired programme benefits. A transition plan

will be produced by August 2020 which aims to provide continuity of support for key strategic priorities.

Implications for EIJB

Financial

50. The EIJB has committed a non-recurring £2 million in unallocated reserves from to support the delivery of transformation. Current contracts for the transformation team are due to expire from December 2021.
51. A transition plan is in development that will map out the current projects into the strategic core programme and EHSCP structure. There may be some associated costs. The plan will be presented to the SPG in August 2021.

Legal / risk implications

52. There are no legal implications arising from this report.
53. There are no new implications for Directions arising from this report. As project work is produced through the core programme, associated Directions can be expected.

Equality and integrated impact assessment

54. The next strategic plan aims to ensure good outcomes for the population of Edinburgh and across Lothian where applicable, including those groups with protected characteristics.
55. Full integrated impact assessments (IIAs) will be completed for all projects as they develop to ensure the impact of any changes are fully understood and managed.

Environment and sustainability impacts

56. There are no environment and sustainability impacts arising from this report. However, it is recognised that all future models of care and delivery must take due cognisance of the impacts on the environment and in respect of climate change targets, including Edinburgh 2030.
57. Future strategic planning and core project outcomes will comply at best effort with the EIJB Climate Change Charter which is presented to the April EIJB for approval.

Quality of Care

58. The improvement and recovery programme sets out to improve the quality of care and people's experience and access to care in Edinburgh and across Lothian.

Consultation

59. An engagement plan on the next strategy began on 26 February 2021 and will run throughout the remainder of the year. The first roadshows have focused on EHSCP staff. A plan is being finalised for engagement with the third and independent sectors and the wider public and will be presented to the SPG in May 2021.

60. The communications and engagement strategy is being presented to the April EIJB for approval. This strategy includes messaging around the EIJB strategic ambitions and a drive to raise awareness of, and participation in, the elements of the strategic core programme.

61. Programme boards have been running since August 2020 and comprise broad stakeholder representation, including staff, unions and representatives from partner agencies and the third and independent sectors.

62. Engagement and consultation plans and if necessary, communication campaigns will be created for individual projects as appropriate.

Report Author

Tony Duncan

Head of Strategic Planning

Email: tony.duncan@edinburgh.gov.uk Telephone: 07935208040

Contact for further information:

Name: Jessica Brown, Transformation Programme Manager

Email: jessica.brown@edinburgh.gov.uk Telephone: 07971670764

Background Reports

1. [Transformation and Change - EIJB report February 2019](#)
2. [Strategic Plan 2019-22 – EIJB report August 2019](#)
3. [Return to Transformation - EIJB report July 2020](#)

Appendices

Appendix 1	Higher-level strategic framework V1
Appendix 2	3-year strategic plan framework V2
Appendix 3	Slide pack on ENDS, WAYS and MEANS and strategic priorities
Appendix 4	Transformation Programme Milestone Plan
Appendix 5	Transformation Monitoring and Measuring Success

Appendix 1 to EIJB Strategy Progress Report 27 Apr 21

EDINBURGH INTEGRATION JOINT BOARD (EIJB) - HIGH LEVEL STRATEGIC VISION – Version 1

INTRODUCTION

- Purpose of the vision – to inform future 3-year strategic commissioning planning cycles
- Set out values
- Explain how national guidance, JSNA and related academic works have influenced the vision
- Include necessary EIJB governance arrangements?
- Describe the connectivity from vision to delivery and monitoring to review:

EIJB Strategic ENDS and Linkages



STRATEGIC CONTEXT – STEEPLED ANALYSIS (FED FROM JSNA AND WIDER RESEARCH)

Social:

- Inequalities
- Impact of Poverty Commission Report
- Impact of Adult Social Care Review?
- Expectations and 'dependencies' – tackle through Edinburgh (Wellbeing) Pact
- Workforce pressures – ageing workforce and lack of replacement levels – tackle through workforce strategy
- Legacy of COVID-19 pandemic on ways of working and living?
- University city and significant tourist attraction

Technological:

- Emerging tech-enabled care
- Clinical innovation
- Future impact and utility of AI and robotics
- Inter-generational transitions and continuity measures
- Equipping the front line
- Integrated Management Information Systems

Economic:

- Downward pressure on budgets and post COVID effect
- Post BREXIT effect?
- Drive for efficiency and delivery of 'more for less' – move to direct funding of IJBs?
- Significant budget savings target over the next three years and beyond
- Track national initiatives in HSC both Scottish national and UK

Environmental:

- Growing importance nationally and internationally
- Impact of Climate Change 2030 target and recent UK GOV statements
- EIJB Climate Change Charter
- Need to take account of environmental protection in everything we plan

Political:

- Increasing HSC demand and cost a global strategic concern
- Instability through BREXIT and potential pressure on new independence vote
- Impact of local politics on EIJB aspirations?
- Integration – The Act – review and evolution
- Impact of Adult Social Care Review

Legal:

- Statutory responsibilities in HSC – what is the minimum?
- How do we benchmark across Scotland? Anything Edinburgh specific?
- Considerations WRT the emerging Edinburgh (Wellbeing) Pact
- The Act and Integration changes – consequences

Ethical:

- Must stand by our values
- Ensuring consistency – locally (and nationally – Impact of Adult Social Care Review?)
- What is the risk if forced to reduce levels of care due to cost? What might shape decision making in this context?
- Impact of Edinburgh (Wellbeing) Pact and consequence of 'realistic medicine'?
- Awareness of reputational risk

Demographics:

- Circa 6K additional people annually
- What is the inflow versus outflow?
- Understanding the impact of urbanisation
- Projection on age profiles and HSC demand – multi-morbidity
- Shaping priorities within the new JSNA programme
- Impact on future laydown by City and by Locality – GP practises, future house building, future proofing and adaptations

STRATEGIC FRAMEWORK

The EIJB strategic framework is designed to guide current and future planning cycles. The existing framework is summarised below and will be updated IAW the SPG approved refined ENDS, WAYS and MEANS:

Where do we want to be? (ENDS)

- 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? (WAYS) – strategic priorities could sit here?

- 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? (MEANS)

- 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

THREE HORIZONS PLANNING

- 0 – 6 years (2 cycles – current and next)
- 6 – 18 years (following 4 cycles)
- 18+ years

SWOT ANALYSIS – TO BE REVIEWED AND REFINED

Strengths

- Broad acceptance that status quo is unsustainable
- Good level of engagement and interest

- 3 Conversations track record
- Additional resource for transformation
- Supports SG direction
- Transformation Programme supported by CEC and NHSL

Weaknesses

- Based on 2015 JSNA
- Constrained by 3-year planning cycles
- Strategic Principles pre-set (no change?)
- Implementation timeframe – possibly 3-4 planning cycles (a reality)
- Our starting position? Culture and cynicism? Two tribes
- Negotiated budgets with Partners

Opportunities

- Redefinition of Edinburgh HSC Offer/Pact
- Engagement of partners including 3rd and independent sectors
- GGI review and new committees
- Efficiencies through redesign and transformation
- To change cultures + grow confidence
- Restructuring to match desired Ends, Ways, Means
- Reviews to bring structural alignment, coherence and rigour

Threats

- Risk of Political concern raised by content of new Edinburgh HSC Pact
- Change fatigue = consent and evade
- Potential delays in delivery = loss of momentum and confidence
- Time to realise benefits on the ground
- Financial pressures
- Loss of continuity in leadership positions including EIJB membership

Appendix 2 to EIJB Strategy Progress Report 27 Apr 21

EDINBURGH INTEGRATION JOINT BOARD STRATEGIC COMMISSIONING PLAN 2022-2025 – Framework (Version 2) – (to be drafted in Arial font 12)

Foreword – Tony Duncan

- Developed from existing SP
- COVID effect

Executive Summary – Tony Duncan

- Based on deliverables over next 3 years
- COVID effect

Vision and Intent – Tony Duncan

- Developed from existing SP
- Strategic context – link to higher level strategic direction and JSNA
- Strategic priorities assigned as WAYS towards delivery of strategic ENDS?
- Outcomes focussed but must cover client group

Strategic Direction to Delivery – Tony Duncan + tiger team

- Description of ‘golden thread’ from higher level and overarching strategic direction through 3-year commissioning plans to Locality Operational Plans and Directions (with awareness/agreement of Partners)
- SG Review of Adult Social Care – impact and consequences?
- Opportunity here to set out smart objectives
- Financial plan/aspects – Moira Pringle and Jenny McCann
- Shape outcomes and content from the sustainability work (TBC) – Hannah Cairns and Philip Glennie
- Take account of emerging CEC Business Plan and NHSL emerging strategic framework?

Core Programme (transition from transformation) – Jess Brown and Tony Duncan

- Key to delivering EIJB strategic ambitions
- Description of the programme and the individual projects – what has been done, where we are and where we are going
- Demonstrate links to research support and stakeholder engagement including CI, HIS, 3rd and independent sectors, clinicians, etc
- Will pick up detail in terms of deliverables in the implementation section

Implementation: EIJB Priorities over the 3-year cycle – Tony Duncan + tiger team/functional leads

- Set out the sequence of changes to be implemented over the 3-year period from the core programme – this is key – benefits
- Can include necessary groundwork for the next cycle
- What are we going to do over what time period?
- Linkages to the sustainability work (TBC) – Hannah Cairns and Philip Glennie
- Working with our 3rd sector and independent sector provider colleagues
- Intend to bring in service areas here with individual priorities (where are we and where are we going?):
 - Mental health – Linda Irvine Fitzpatrick and Colin Beck
 - Disabilities – Mark Grierson
 - Primary Care – David White
 - Older people and Carers – Katie McWilliam
 - Hospital and hosted services – Sheena Muir
 - Long term conditions – Amanda Fox
 - What else? From gap analysis

Communications and engagement – Lauren Howie and Tony Duncan

- EIJB comms + engagement strategy will inform this section

Finance – Tony Duncan and Moira Pringle

- Align to activity at best effort
- Identify areas for investment and disinvestment

The Market (or Market Facilitation) – Tony Duncan and Moira Pringle

- Must cover this off due to IA action and CI OPIP
- Feed from home-based care project experience and One Edinburgh concept

Commissioning Cycle – Tony Duncan + tiger team

- Description of process and timelines as applicable
- Focussed on priorities – informed by ongoing internal work
- HIS best practise documentation?
- Do we/can we prioritise contracts?
- Relationship with 3rd sector and independent provider colleagues

Managing Performance – Susan McMillen and Tony Duncan + performance team (CEC and NHSL)

- Describe performance architecture to include regular reports, trend analysis and APRs
- Set out new measurements of effectiveness (MoE) as EIJB performance measure supporting the strategic priorities

Appendices as required

Housing Improvement Statement - to be informed by Future Focused Housing project

EIJB Strategy Progress Update

Appendix 3

EIJB 27 April 2021

**ENDS, WAYS, MEANS and
Strategic Priorities**

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

Strategic ENDS

An integrated health and social care system which optimises partnership with the voluntary and independent sectors

An affordable, sustainable and trusted health and social care system that is fair proportionate and manages expectations

A people centred, patient first and home first approach which offers informed choice

A motivated, skilled and representative workforce with a culture of continued improvement

A bed base optimised to provide the right care, at the right time, in the right place to support care pathways and informed choice

Care supported by innovation, data and the latest technology

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

Strategic WAYS

Improve prevention and early intervention

Improve quality of service and experience

Manage our resources effectively and optimise capacity including the voluntary and independent sectors

Adapt services and re-design where necessary informed by operational experience, strategic direction and best use of available budget

Implement lessons from COVID

Improve health and wellbeing

Work with partners to reduce the inequality gap

Actively improve integration and adjust where needed the balance of care from acute settings to the community to include the bed base

Unity of purpose and momentum

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

Strategic MEANS

National direction

Strategic Plans and Transformation

Workforce (strategy)

Infrastructure (strategy)

Technology (strategy)

Good Governance (EIJB)

Budget setting and financial management

Organisational structure (review)

Data capture, analysis and performance
evaluation

Comms and engagement and co-production

Refined EIJB Strategic Priorities

**Embedding
improvements
in prevention
and early
intervention**

**Work with
Partners to
close the
Inequality gap**

**Positively
transform the
quality of
experience of
our services**

**Manage our
resources
effectively and
optimise
capacity**

**Improve health
and wellbeing**

**Partnering to
shift the balance
of care from
acute to
community**

Edinburgh Integrated Joint Board: Upcoming Transformation Programme Reporting Milestones

Activity / Milestone	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<i>EIJB Committee</i>	▲		▲		▲		▲		▲
<i>SPG Reporting Cycle</i>		▲			▲		▲		▲
Bed Based Care update to SPG		▲							
Bed Based Care Phase 1 Strategy to EIJB			▲						
Bed Based Care Phase 2 Strategy to EIJB							▲		
Community Mobilisation EIJB paper	▲								
Medical Day Hospital redesign EIJB paper			▲						
Home Care Scheduling Tool Business Case EIJB paper			▲						
Workforce Strategy & early Implementation Plan presented to EIJB for approval					▲				
SPG Transformation Updates		▲			▲		▲		▲

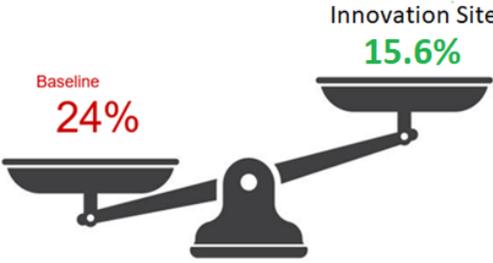


MONITORING AND MEASURING TRANSFORMATION SUCCESS

The tables below set out the current status with benefits and evaluation of the transformation programme. Transformation is a medium-term programme of change and many of the projects have lengthy timelines, delivering over a number of years. It is not yet possible to confirm benefits measures for all projects and/or report on them. The benefits work is live and iterative and will continue to be updated as projects progress. Where data is available on impact, it has been included below.

CONVERSATION 1 PROGRAMME – LISTEN AND CONNECT

3 CONVERSATIONS	
BENEFIT MEASURE	DATA/STATUS
1. Improved responsiveness evidenced by a reduction in the length of time people wait to see a worker (compared to the pre-3C's baseline of 40 days)	<p>A horizontal bar chart titled 'Days waiting' with an x-axis from 0 to 45. Three bars represent different periods: 'Dec - Feb 2021' (green bar, labeled 'Avg. 2.5 days'), 'Post Phase 1 (Mar 2020)' (blue bar, approximately 4 days), and 'Baseline (before 3Cs)' (blue bar, 40 days).</p>
2. Improved effectiveness, evidenced through increased numbers of people supported at conversation stages 1 & 2 (supported without the need for formal, long term costed services)	<p>A pie chart showing the distribution of completed conversations. C1 is 56% (green), C2 is 20% (blue), and C3 is 24% (orange).</p> <p>Completed Conversations December 2020 – February 2021</p> <p>Majority of people (both new and those with existing care packages) supported at C1 and C2. Only 24% of people needed a conversation about longer term support.</p>

<p>3. Improved effectiveness, evidenced through a reduction in the percentage of new people needing formal, long term costed support (compared to the pre 3C's baseline of 24%)</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>Baseline 24%</p> <p>Innovation Sites 15.6%</p> </div> <div style="text-align: right;"> <p>December 2020 – February 2021</p> <p>15.6% of new people we spoke to with went on to receive long term support, compared with the previous baseline of 24%</p> </div> </div> <p style="text-align: center;">What % of New People get Long Term Support ?</p>																														
<p>4. An increase in the percentage of staff working in a 3 C's way</p>	<p>Full data across all staff groups on CEC and NHS is not yet available, and more work is needed to analyse the elements of the workforce who will fully adopt and embed the approach into how they work and those who will instead become familiar with the ethos and principles through a learning and development intervention. To give an example of distance travelled, and the approach we are taking, the table below sets out the approximate status for locality assessment and care management staff as at March 2020 (predominantly CEC staff and headcount data not FTE).</p> <table border="1" data-bbox="947 850 1877 1141"> <thead> <tr> <th>Locality</th> <th>3C staff</th> <th>Total</th> <th>Current %</th> <th>June prediction</th> </tr> </thead> <tbody> <tr> <td>South East</td> <td>53</td> <td>73</td> <td>73%</td> <td>TBC</td> </tr> <tr> <td>North West</td> <td>18</td> <td>75</td> <td>24%</td> <td>TBC</td> </tr> <tr> <td>South West</td> <td>16 (CCAs to be added)</td> <td>52</td> <td>31%</td> <td>TBC</td> </tr> <tr> <td>North East</td> <td>3</td> <td>55</td> <td>5%</td> <td>100%</td> </tr> <tr> <td>Total</td> <td>90</td> <td>255</td> <td>35%</td> <td>56%</td> </tr> </tbody> </table>	Locality	3C staff	Total	Current %	June prediction	South East	53	73	73%	TBC	North West	18	75	24%	TBC	South West	16 (CCAs to be added)	52	31%	TBC	North East	3	55	5%	100%	Total	90	255	35%	56%
Locality	3C staff	Total	Current %	June prediction																											
South East	53	73	73%	TBC																											
North West	18	75	24%	TBC																											
South West	16 (CCAs to be added)	52	31%	TBC																											
North East	3	55	5%	100%																											
Total	90	255	35%	56%																											
<p>5. Improved outcomes and experience for the people that we support</p>	<p>Data not yet available. More work needed to embed a systematic approach to collecting data from the people we work with. This will be a priority for the project team over the coming months.</p>																														

DIGITAL/TEC/EQUIPMENT (DTE)	
BENEFIT MEASURES	DATA/STATUS
1. Changes in provision within packages of care to increase the use of DTE for self-management, monitoring and support	The benefits measures listed are currently in draft and focus on increasing the uptake of digital and TEC options and supporting people to remain independent at home. Work is now underway to review the scope of this project with an intent to merge it with the Digital for Business project in programme 4. Revised benefits will be developed and finalised following this rescopeing.
2. Increasing the use of DTE to support more people to remain at home and prevent them from reaching a crisis	
3. Improved leadership and strategic oversight to deliver on EIJB responsibilities under the national Digital health and Care Strategy	
4. Increased accessibility and streamlined pathways into DTE services to reduce inequalities	
COMMUNITY FRAILTY	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	Project recently initiated as part of Phase 2, includes two workstreams: GP Frailty and Older People's Mental Health. Project steering groups established and work underway to agree scope and develop project plan. Benefits measures will be identified with input from programme board once scope has been finalised.
COMMUNITY MOBILISATION	
BENEFITS MEASURES	DATA/STATUS
Benefits measures not yet identified.	Initial work commenced to draft benefits. This will be further refined following the report to EIJB in April 2021 and as part of the development of implementation plans.

CONVERSATION 2 PROGRAMME – WORK INTENSIVELY WITH PEOPLE IN CRISIS

HOME FIRST																																															
BENEFIT MEASURE	DATA/STATUS																																														
1. A reduction in delayed discharge for people who have been through a Home First pathway	This benefit has been identified as one of the key measures to evidence the success of the approach. Sufficient data does not currently exist to identify and report on this as a sub section of overall delayed discharge data. A project workstream has been established to concentrate on data and evaluation and options for recording and reporting this going forward will be investigated as a priority.																																														
2. An increase in the number of people supported to go directly home rather than being admitted to intermediate care, as a result of intervention by the Home First team	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Intermediate Care admissions</p> <table border="1"> <caption>Intermediate Care Admissions Data</caption> <thead> <tr> <th>Month</th> <th>Admitted</th> <th>Not admitted</th> </tr> </thead> <tbody> <tr><td>Mar/Apr 20</td><td>28</td><td>52</td></tr> <tr><td>May-20</td><td>30</td><td>35</td></tr> <tr><td>Jun-20</td><td>32</td><td>28</td></tr> <tr><td>Jul-20</td><td>28</td><td>27</td></tr> <tr><td>Aug-20</td><td>25</td><td>20</td></tr> <tr><td>Sep-20</td><td>35</td><td>27</td></tr> <tr><td>Oct-20</td><td>38</td><td>32</td></tr> <tr><td>Nov-20</td><td>42</td><td>38</td></tr> <tr><td>Dec-20</td><td>20</td><td>60</td></tr> </tbody> </table> </div> <div style="width: 50%;"> <p>Between Mar and Dec 2020, 605 intermediate care referrals have been screened by the Home First team. 281 people were admitted. Of the 324 people not admitted, 189 (58%) were supported to go directly home.</p> <div style="text-align: center;"> <p>Discharge destination of those not admitted</p> <table border="1"> <caption>Discharge Destination of Those Not Admitted</caption> <thead> <tr> <th>Destination</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Home</td><td>58%</td></tr> <tr><td>Care Home</td><td>12%</td></tr> <tr><td>RIP</td><td>9%</td></tr> <tr><td>RVB/Other hospital</td><td>9%</td></tr> <tr><td>HBCCC</td><td>4%</td></tr> <tr><td>Waiting list (ICF)</td><td>2%</td></tr> <tr><td>Still inpatients</td><td>2%</td></tr> </tbody> </table> </div> </div> </div>	Month	Admitted	Not admitted	Mar/Apr 20	28	52	May-20	30	35	Jun-20	32	28	Jul-20	28	27	Aug-20	25	20	Sep-20	35	27	Oct-20	38	32	Nov-20	42	38	Dec-20	20	60	Destination	Percentage	Home	58%	Care Home	12%	RIP	9%	RVB/Other hospital	9%	HBCCC	4%	Waiting list (ICF)	2%	Still inpatients	2%
Month	Admitted	Not admitted																																													
Mar/Apr 20	28	52																																													
May-20	30	35																																													
Jun-20	32	28																																													
Jul-20	28	27																																													
Aug-20	25	20																																													
Sep-20	35	27																																													
Oct-20	38	32																																													
Nov-20	42	38																																													
Dec-20	20	60																																													
Destination	Percentage																																														
Home	58%																																														
Care Home	12%																																														
RIP	9%																																														
RVB/Other hospital	9%																																														
HBCCC	4%																																														
Waiting list (ICF)	2%																																														
Still inpatients	2%																																														
3. An increase in 7-day activity evidenced through an increase in the number of weekend discharges and a reduction in the number of weekend delays.	Data is not yet available to report on this measure. Further work is needed to move towards improved 7-day working.																																														

4. Improved outcomes and experience for people who have been through a Home First pathway.	Data is not yet available to report on this measure. More work is needed to establish patient survey mechanisms to assess outcomes, experience and satisfaction.
MEDICAL DAY HOSPITALS	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	A preferred option has been identified for the redesign of medical day hospitals. Consultation and engagement with affected staff is underway to further inform proposals. A report is due to be presented to the EIJB by summer 2021. Benefits measures will be developed following approval of the report and as part of implementation planning.

CONVERSATION 3 PROGRAMME – BUILD A GOOD LIFE

BED BASED CARE	
BENEFIT MEASURES	DATA/STATUS
A rationalised bed base, with a increase in hospital based services being provided within the community	The initial benefits listed are draft and still subject to change. The Bed Based Care Strategy is significant in scale and complexity and will be implemented over a period of 5-10 years. The phase 1 strategy is due to be presented to the EIJB in June 2021. Following that, phase 1 benefits will be reviewed and confirmed as part of implementation planning.
An optimised bed base evidenced through fewer vacancies across bed types	
Improved patient outcomes and experience	
Improved flow into and through bed-based services	
HOME BASED CARE	
BENEFIT MEASURES	DATA/STATUS
Better outcomes and experience for people supported	

TRANSITIONS	
Benefits measures not yet identified.	This project is in the early stages of scoping. It is too soon to identify relevant benefits measures. This will be taken forward as the project progresses.

PROGRAMME 4 – CROSS-CUTTING ENABLERS

WORKFORCE AND CULTURAL DEVELOPMENT	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	The workforce strategy, 'Working Together', is in development. Engagement is planned with staff over the coming months, ahead of the strategy being presented to the EIJB in August 2021. Benefits will be developed as part of implementation planning and are likely to focus on areas such as: staff wellbeing, sickness absence, recruitment and retention and leadership and development opportunities.
DIGITAL STRATEGY FOR BUSINESS	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	Early scoping work has taken place but this project has not yet formally commenced. Work is currently underway to review the scope of this project with the intention to merge it with the digital/TEC/equipment project in programme 1. Benefits will be confirmed once scope and plan have been confirmed and are likely to focus on ensuring the workforce have the right tools for the job and that systems are effective and better integrated.
FUTURE FOCUSED INFRASTRUCTURE	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	Early scoping work has taken place but this project has not yet formally commenced. Benefits measures will be developed once scope and plan are clear.