

# Policy & Sustainability Committee

10am, 11 March 2025

## Edinburgh Integration Joint Board draft strategic plan

Executive  
Wards: All

### 1. Recommendations

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- 1.1 It is recommended that Committee:
  - 1.1.1 Consider and approve the draft response to the consultation on the [Edinburgh Integration Joint Board's Draft Strategic Plan](#) which covers the three financial years running from 1 April 2025 to 31 March 2028.
  - 1.1.2 Notes that the consultation response was drafted following an Elected Members' feedback session on 24 February.
  - 1.1.3 Notes that the proposed response has been drafted using the consultation questions from the Integrated Joint Board as set out in Appendix 1.

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Chief Executive

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## Edinburgh Integration Joint Board draft strategic plan

### 2. Executive Summary

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- 2.1 This report outlines the Council's draft response to the consultation on the [Edinburgh Integration Joint Board's Draft Strategic Plan](#), 1 April 2025 to 31 March 2028.

### 3. Background

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- 3.1 The Public Bodies (Joint Working) Act 2014 placed a duty on integration authorities to develop a strategic plan for the integrated functions under their control. This strategic plan would set out how the authority intended to commission and deliver services.
- 3.2 The 2014 Act sets out clear guidelines to integration authorities on engaging with stakeholders on the plan to ensure that a co-productive approach is taken which would help ensure that the EIJB meets the national health and wellbeing outcomes.
- 3.3 The EIJB is consulting on its draft plan for 2025-2028. The Council, along with NHS Lothian is a statutory consultee and this report will form the agreed response from the City of Edinburgh Council. The Council's feedback will then be considered by the EIJB along with other consultation responses before the EIJB agrees a final strategic plan.

### 4. Main report

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- 4.1 The Council recognises the challenges set out in the draft EIJB Strategic Plan and in particular what the challenges a growing ageing population mean for both service delivery and the budget. The financial challenges are particularly acute, and the Council welcomes the commitment to best value and achieving transformation to ensure that the EIJB's budget is spent responsibly. However, this must be balanced with the need to provide effective care to our most vulnerable citizens and so the Council response highlights that a greater balance in tone and focus is needed in regard to the priority given to our citizens and to the workforce who deliver these key services.

- 4.2 Further, the plan should reflect the role of the EIJB as a key component in the whole system of the support provided to citizens in Edinburgh, which should therefore reflect, align and integrate with the services provided by the Council, NHS and the third sector. The challenges facing Edinburgh are significant and ensuring there is a holistic approach prioritising our most vulnerable citizens, tackling health inequalities and setting prevention at the heart of our approach should be key elements to the Strategic Plan.

## **5. Next Steps**

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- 5.1 Following members approval, this report will act as the Council's response to the EIJB's consultation on its Strategic Plan.
- 5.2 The Council will engage with the EIJB and the Edinburgh Partnership to begin the process of establishing a collaborative approach to prevention and early intervention in the city and to a review of how statutory partners will engage with and support the third sector in Edinburgh.

## **6. Financial impact**

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- 6.1 The Council has committed up to £66m to be spent on Health and Social Care facilities in light of increasing demands for services, a growing and aging population and the rising costs to the EIJB of delivering these services.

## **7. Equality and Poverty Impact**

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- 7.1 The Council's response highlights the need for clearer articulation of human rights and intersectionality. Clarity on the outcomes against which the EIJB will deliver require the Edinburgh Partnership to review the current Local Outcome Improvement Plan (LOIP).

## **8. Climate and Nature Emergency Implications**

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- 8.1 The focus on the reduction of carbon emissions of the EIJB is welcomed, however further engagement and expansion of the plan is required to take account of the twin climate and nature emergencies and how the EIJB can operate in a way that supports a just transition within its core objectives, along with the wider Net Zero Edinburgh Leadership Board.

## **9. Risk, policy, compliance, governance and community impact**

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- 9.1 The key risk identified arises from the current lack of collaboration between key partners to provide a clearly articulated approach to prevention, early intervention and wellbeing in the city.
- 9.2 The Council is a statutory consultee to the EIJB's Strategic Plan. It is essential that the Council provides feedback to assist the EIJB in creating a Strategic Plan that meet the needs of citizens in Edinburgh and is also deliverable by the Council as one of the main delivery partners.

## **10. Background reading/external references**

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- 10.1 [Council Business Plan 2024-30](#)
- 10.2 [Edinburgh Integration Joint Board's Draft Strategic Plan](#)









## **11. Appendices**

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Appendix 1 – Draft Council response to the EIJB Strategic Plan

Health and Social Care Partnership  
Draft Strategic Plan

## IJB Consultation Questions

 Do you agree with the four priorities?
 Do you think we have missed anything when writing the plan?
 Do you think there is anything we should remove from the plan?
 Do you agree with our understanding of the big issues and what we have identified as the priority aim in each
 Do you agree with the proposed actions?
 Do you agree with the proposed measures/indicators
 Any more detailed feedback in relation to a specific part of the plan?
 Any other comments

### 1. Do you agree with the four priorities?

- a. Yes, at high level, these seem reasonable. More detailed feedback on the priorities is set out below.

### 2. Do you think we have missed anything?

- a. The draft Strategic Plan is welcomed especially given the delay in its publication. In terms of structure, the financial challenges are clearly explained along with the financial position which will continue to be an issue, despite the additional contribution from the Council in the 2025/26 budget. As with many parts of the public sector, the financial challenge must be balanced with a commitment both to citizens and workers. The Council would therefore welcome stronger focus upfront on the EIJB's commitment to vulnerable citizens and to unpaid carers who provide support. The workforce section should also be strengthened to state more explicitly that a valued and well-trained workforce will be better able to provide higher quality support to the citizens who need us the most.

#### **Working in partnership**

- b. Given the need for the EIJB to concentrate on “factors within our control”, the Council would value a greater focus on the crucial part that the EIJB play in the Edinburgh Partnership, and the Partnership's role in delivering effective prevention and early intervention to reduce health inequalities and to improve wellbeing. From a partnership perspective, we need to begin these collaborative discussions immediately, starting with the role of the third sector who are crucial

in the delivery of statutory aims and for effective prevention and early intervention. The wellbeing of citizens continues to be enhanced by the third sector.

### **Sustainability**

- c. The focus on the reduction of carbon emissions of the EIJB is welcomed, however further engagement and expansion of the plan is required to take account of the twin climate and nature emergencies and how the EIJB can operate in a way that supports a just transition within its core objectives.
- d. An example would be their support in identifying individuals and communities who would benefit from actions to decarbonise and retrofit homes to ensure they are both energy efficient and adapted to deal with a changing climate. This would support improvements to overall health and wellbeing and enable people to remain within their communities for longer periods of time.
- e. Another example of where a strong partnership approach would be beneficial is access to good quality greenspaces, which has been proven to support overall health and wellbeing and therefore should also be a key consideration of the EIJB's plan and objectives.
- f. Embedding a climate justice and just transition approach to the EIJB will enable alignment with partner priorities, such as the NHS therefore further work should be done to collaborate with partners to realise the benefits of tackling the climate and nature emergencies collaboratively.

### **Equalities**

- g. Whilst covered in the IIA, human rights and intersectionality does not feature strongly in the plan.
- h. We note that there is no mention of people with sensory impairment, including BSL users anywhere in the plan. This is a significant gap in an understanding of needs and demand in the city since the prevalence of these conditions increases markedly with age, and people with visual impairment are at increased risk of falls.
- i. The final draft should include inclusion of the Edinburgh Local Housing Strategy in the list of relevant key strategic documents (which is currently in the process of being considered by the relevant Council committee).

## **3. Anything we should remove?**

- a. "We hope that we can extend the window required for return on investment and make more long-term investments in population health in future Strategic Plans once the EIJB reaches a more sustainable financial position, but this is not realistic just now." Instead of this statement on future returns on investment, the Council would welcome collaboration with the EIJB, as a core member of the

Edinburgh Partnership, on models of delivery which deliver prevention and early intervention across of whole spectrum of needs and care.

#### 4. Do you agree with our understanding of the big issues and what we have identified as the priority aim in each?

##### **Transition to adult services**

- a. The following statement would benefit from being reframed to incorporate quality or wellbeing: “To ensure best value for money, services will be considered against a quality /cost lens to ensure that the provision is sustainable, in enabling people to improve individual outcomes, whilst offsetting need for more resource intensive supports and associated costs”. We would also emphasise that some young people transitioning to adult services will require more costs as they move through to independence from family situations.

##### **Role of carers**

- b. The primary aim set out for people who are at risk of being unable to continue caring for others is “to support the health and wellbeing of carers, reducing the number of caring relationships that break down” – the wording does not explicitly take account of the carers willingness/ability to continue to provide care.

##### **Prevention**

- c. The draft plan represents a significant shift to the medical model (e.g. prevention as vaccination and health screening) which minimises the importance and value of social interventions.
- d. Reducing inequalities, prevention and early intervention will need a collaborative partnership approach to ensure that the full breadth of drivers and levers are included and clearly addressed.

##### **Dementia and neuro diversity**

- e. People with dementia and those who are neurodivergent present a significant and growing need for support, with implications across health and social care systems. This would benefit from more focus in the plan.

#### 5. Do you agree with the proposed actions?

##### **Provision of information**

- a. Actions appearing in several sections of the chapter on prevention and early intervention include producing accessible information about how to stay well and lead a healthy active life and about what services are available in various formats. However, providing information and signposting will not be the most effective mechanism for many of the groups of people in scope (e.g. young people transitioning to adult services when “most of these individuals have significant needs”) who may lack the resources etc to take these up without support. These actions should be reconsidered and enhanced, e.g. through an ecological strengths based, capacity building approach, in collaboration with the

individuals, families, the community, and the wider partnership, to ensure that they are effective.

### **Proposal to keep a register**

The proposal to keep a register of unpaid carers requires further detail in terms of purpose and would need to have a DPIA. This will also require consent and covers more than adult carers.

### **Mental Health**

- b. The proposal to provide access to non-pharmacological treatments for depression and anxiety including counselling, cognitive behavioural therapy and exercise is welcomed. However, the plan also needs to be clear as to whether there is sufficient capacity for this to be offered in a timely way.
- c. More detail on plans for delivery would be welcomed in the following critical areas:
  - i. Primary care –increase GP contact time
  - ii. Improvement in capacity building in community services
  - iii. Addressing the lack of suitable housing for people with learning difficulties
  - iv. Meeting the needs of people with learning difficulties while delivering best value
  - v. Mental health across the range of severity

## **6. Do you agree with the proposed indicators?**

### **Vision and performance**

- a. An overarching vision to define what good looks like in each service would be welcomed. More broadly, we look forward to the final draft of the plan and the development of a performance framework which will mature as the plan becomes more embedded and metrics/milestones are agreed. This should set out clearly what the EIJB intends to do (“we will”), the impact this will have (“which will”) and how the impact will be measured or assessed. A consistent approach to this throughout these sections of the document will help ensure it is credible and realistic.
- b. Drug deaths may be plateauing, but the longer-term trend is important (e.g. 50 per year 10 years ago, compared with around 110 now) as this highlights the generational challenges.
- c. There is an important distinction between alcohol specific and alcohol related deaths, which has not been made here, and the association with suicide rates is important to recognise.

## **7. Any more detailed feedback in relation to a specific part of the plan?**



- a. Terminology should be reviewed, including: 'substance use' rather than 'substance misuse' and 'people with frailty' rather than 'frail people'; the phrase "attempting to kill themselves" should be changed as a priority.

## 8. Any other comments

- a. An updated financial overview would be helpful to provide clarity about the funding requirements and gap.
- b. Voice of people who are supported through services needs to be more prominent.
- c. Welcome that the final document will be in easy read version.
- d. We would encourage the EIJB to work with the Council on the accessibility outcome in the interim equalities' framework.