

REPORT

The Edinburgh Pact: Formulation to Enactment

Edinburgh Integration Joint Board

27 April 2020

Executive Summary

1. The purpose of this report is to provide a summary of the creation and formulation of the Edinburgh Health and Social Care Pact detailing the extensive engagement and participation undertaken to date.
2. A series of Edinburgh Wellbeing Pact enactment activities have commenced informed by the themes which emerged from the formulation.
3. A three-year community mobilisation plan will support the delivery of a radical transformational agenda leading to the embedding of community commissioning as a key vehicle for delivery.

Recommendations

It is recommended that the EIJB:

1. Recognise the extensive dialogue that took place from June 2020 to March 2021 with citizens, communities of interest, public, third and private sector staff and city leaders to co-create the Edinburgh Health and Social Care Pact.
2. Support the formulation of the Pact framed on Wellbeing, in line with current policy and anticipating future policy direction
3. Welcome the continuing and planned dialogue session with citizens and staff.
4. Agree to the enactment of a three-year community mobilisation plan which sets out clear milestones which reflect the themes and policy drivers identified through the dialogical process
5. Support the extension of the EIJB Grant Programme 2019-22 programme for a further year to 31.03.23

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| | <p>recognising the need for a degree of stability as the 3rd sector recovers from the pandemic and engages in the community mobilisation programme</p> <p>6. Agree that the initial tranche of £1m new investment will be focused on creating a strong infrastructure to support community mobilisation and delivery in line with the evidence base</p> <p>7. Endorse the establishment of the Edinburgh Wellbeing Research into Action Community of Practice</p> |
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Directions

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

Report Circulation

1. This report has not been presented elsewhere.

Main Report

Strategic Context

2. The commitment to create an Edinburgh offer was one of the key elements of the *Edinburgh Health and Social Care Partnership Strategic Plan 2019-2022*. The plan stated that the Edinburgh Offer would aim to reflect a modern pact between providers and citizens to prevent crisis and support people to manage their health and personal independence at home and be an explicit statement of intent and mutual expectations, with greater definition on the kind of contract the EIJB wished to have with our citizens.
3. Transparency and realism would underpin the development of the offer which would be developed in a collaborative and integrated way, working with the strengths of our citizens and communities to make sure that age, disability, or health conditions are not barriers to living a safe and thriving life in Edinburgh.
4. In March 2020 the delivery structure for the Transformation programme was established with the Edinburgh Pact reporting to Programme Board 3 led by Dr Linda Irvine Fitzpatrick as SRO.

5. In November 2020 due to the identification of Community Mobilisation as a key theme from the formulation work it was agreed that the Community Investment programme would form part of the enactment streams of the Pact. Governance would remain with Programme Board 1 and Dr Linda Irvine Fitzpatrick was confirmed as SRO.

The creation of the Edinburgh Pact

6. In May 2020 the SRO undertook a literature review to explore what approaches had been undertaken by other integrated authorities and councils to redefine relationships and service provision with citizens. This included the inspirational work undertaken by Wigan, Preston and East Ayrshire Councils.
7. The creation of the Pact was embarked upon during the coronavirus pandemic which was posing unprecedented challenges to science, policy and the interface between the two. The World Health Organisation recognised that how – and how quickly – policymakers, practitioners and researchers reacted to this emerging and complex crisis was making a profound difference to people’s lives and livelihoods (WHO, 2020). The Scottish Government have recognised as part of an initiated national conversation that the impact on Scotland has been profound. (Scottish Government, 2020; van Bavel et al, 2020; Ramalingam et al 2020). Internationally a debate has started on whether the adverse health effects of a recession may be greater than the increased morbidity and mortality within the pandemic itself. (Banks et al 2020) and that the health impacts brought about by greater inequalities may themselves be significant over years to come.
8. In Edinburgh, citizens, the voluntary sector, public services, academic institutions and the private sector were collaborating and mobilising to support one another and ensure that those already pushed to the brink and who would be most affected by this were and received the help they needed. The Scottish Government (2020) recognized that the pandemic was a unique opportunity to harness the kindness and compassion that citizens have shown and in Edinburgh with its well established vibrant 3rd sector we seemed to be experiencing a flourishing of relational kindness (Carnegie Trust) and radical kindness which require connection across difference and a recognition that some people’s needs are greater because of structural disadvantage. (Brownlie and Anderson, 2018)
9. Radical kindness requires a difference in the ways in which things are run and managed, challenging long established norms and having the potential to be highly disruptive (Unwin, 2018). It is something that acknowledges the vulnerabilities and complexities of relationships, and allows deep, meaningful connection between individuals. It can be found in communities, in place where people take more risks to connect than might be considered normal, and where kindness and relationships create a sense of belonging (Ferguson, 2017). It

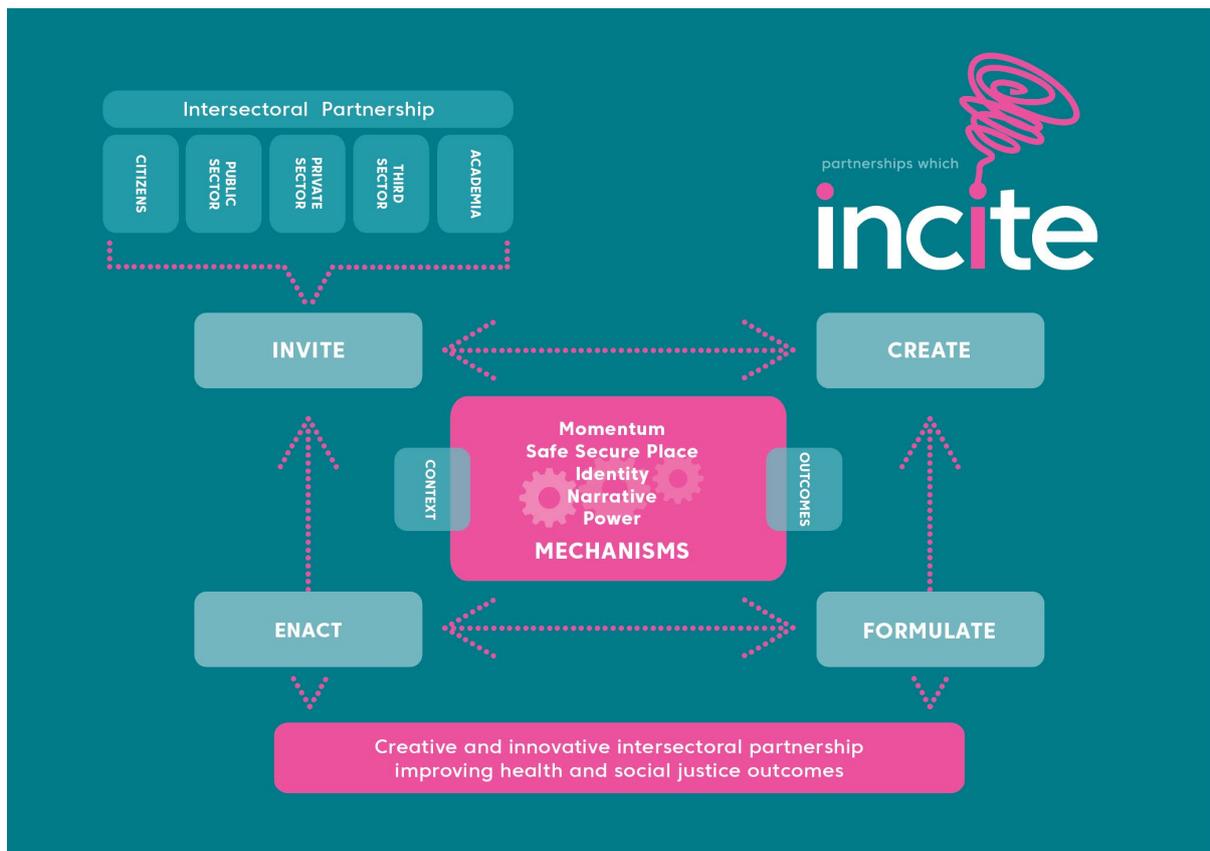
can also be found in organisations with people performing at the limits of, beyond their autonomy, in many case ignoring guidelines or breaking rules to the do the right thing, the kind thing. (Ferguson and Thurman, 2019).

- This was the context in which we invited people to formulate the Pact.

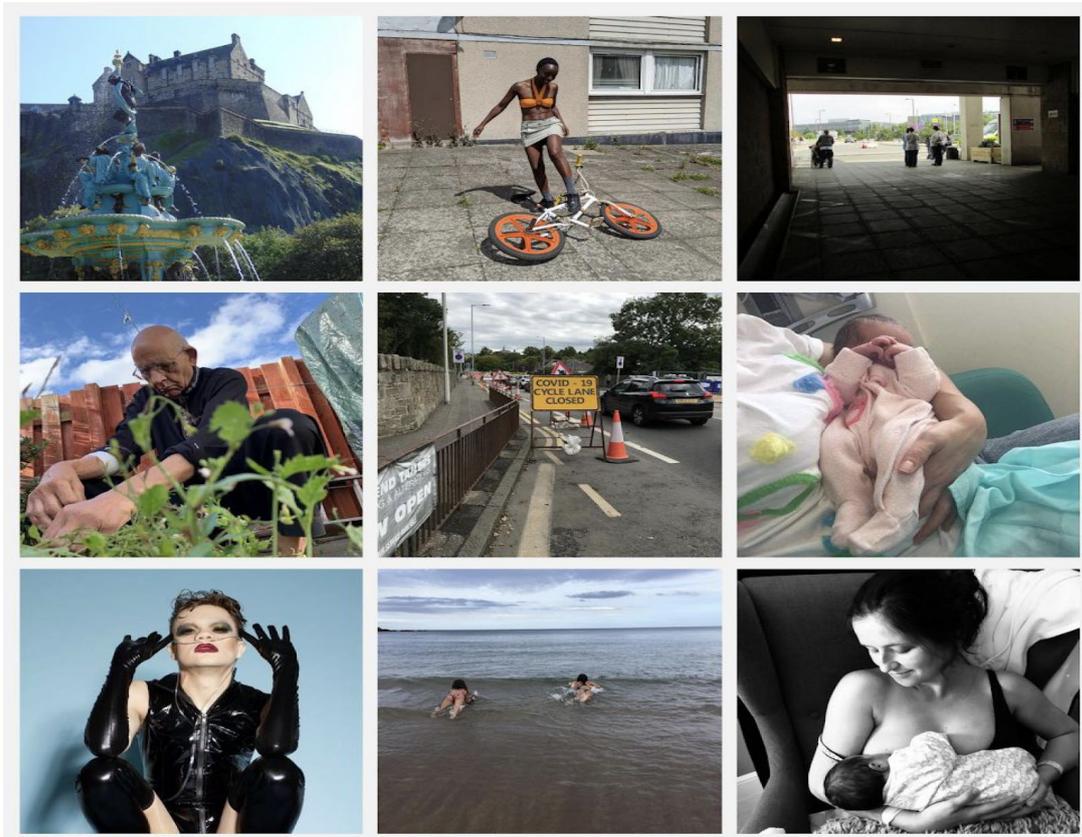
Formulation of the Pact

- Using an intersectoral framework - Incite – in June 2020 a deliberate and deliberative dialogue with citizens, staff from the Partnership, staff from partner agencies, communities of interest, community planning partners and interested stakeholders commenced. The Incite framework identifies the mechanisms for change (narrative, momentum, identity, safe and secure spaces and power) and the different spaces – invite, create, formulate and enactment that need to be created to enable intersectoral working and partnerships to develop and flourish.

The model can be used to guide the development of partnerships across sectors to improve outcomes for people and provides a response to the identified gap of how to identify the mechanisms that enable intersectoral partnerships to thrive.



12. Commencing in June 2020 a number of formulation activities commenced. Due to social distancing regulations all took place online. All began with two questions – What does health mean to you and What does care mean to you? Between June and September 2020, the following activities took place:
- 23 in depth interviews with city leaders from the 3rd sector, public sector, elected members, Board members, academia and private sector
 - 12 Focus groups with 84 frontline staff and practitioners
 - Public survey - through our HSC Website with 356 responses
 - 11 Community of Interest groups with 91 participants including BAME communities, faith groups, and people with specific health conditions
 - 8 Voluntary sector forum meetings with 191 participants
13. “Picturing Health” was commissioned with partner agency Media Education. This activity used Photovoice methodology to invite people to take photographs of what health and care meant to them. 115 images were submitted, creating a rich tapestry of images and these were exhibited at Waverley Station with a view to provoking further conversations and interest in developing the Edinburgh Pact.



Picturing Health images (September 2020)

14. All the content and imagery was analysed, there was great consistency across the different conversations, and it was not difficult to identify six clear themes from the wealth of material gathered.

Six Themes

| Theme | Shared Purpose | Relationships | Agility |
|-------------|--|--|--|
| Sub themes\ | Shared Values Citizenship Duality citizen/employee Participative democracy People taking ownership Suspending cynicism Visible change Risk adverse to risk sharing and safety planning | Trust Empathy Permission Curious Solution focus Inclusiveness Shifting power Caring for one another | Enabling Reducing bureaucracy Autonomy Digital Flexibility of workforce Being all I can be Not returning to normal Task shifting Systemic change |
| | Radical Transformation | Community Mobilisation | Measuring and evidencing change |
| | Big Ideas and policy drivers including: Wellbeing economy Trust based commissioning 15 minute city; 20 minute neighbourhood Preston Wigan Circular Economy Community Anchor Organisations Urban Commons Move away from “othering” | Sustainable resourcing for preventative work From demand led to needs led Place making Self-directed support Local democracy Shared decision making Celebrating diversity and difference | Attitude Chang Wellbeing Citizenship Quality of life Don’t just measure what we can count Importance of people’s stories and turning points and the collective impact of that Need to have baseline data Importance of partnering with academia in creative ways |

15. **Shared Purpose** - the importance of having a shared purpose, of understanding we are trying to achieve together and focus our collective resource, energy and commitment to achieving was a key theme identified.

“It’s keeping those conversations going conversations going and it’s, like, having that common goal, I suppose, of what is it collectively we’re all trying to do. To me, we’re trying to lift people up and create more equality across all of that...”. (Participant 6)

- 16. Relationships** - People talked of being inquiring, of being curious of having shared humanity, of being compassionate with one another, rethinking what’s important in terms of their own relationships with family, friends and with work. People talked of dual roles – of being a staff member and a citizen, of being cared for and giving care.

“We were having pragmatic conversations with people and families about what was realistic, which entirely comes into this conversation about the Pact, and it was that honesty and that openness and our ability to do that quickly and to get rid of the bureaucracy that enabled somebody to say, do you know what, we’re not going to be able to do that for your family member, but we can do this. (Participant 9)

- 17. Community Mobilisation** - Communities are our standing point and these may be geographical or communities of interest. Real deep engagement with community will unlock potential and harness energy . There was a focus on how we use the assets of our communities to make sure that people have more good days and they do more of the things they want to do and of how we can build on all we have learnt. People talked of how Covid 19 shone a light on the deepening inequalities and inequities in our communities and in our city. People questioned where does power sit, and how do we shift power using such policy drivers as community wealth building, 20 minute neighbourhoods, community anchor organisations to realise and unlock maximum benefit for those that need it most

“So what can we do to make sure that they, you know, they have more good days, and they do more of the things that they want to do and enjoy the things that they enjoy. What is it that we can do to make sure that happens”? (Participant 8)

- 18. Agility** - People talked about how the pandemic had freed people from complicated, complex and bureaucratic processes and tangles. Changes which would have taken months or years suddenly just happened supported by a burgeoning of digital solutions. Staff felt empowered and trusted, there was greater autonomy and a lessening of traditional hierarchical structures . Adaptive leadership flourished and people built new relationships quickly , from necessity which reaped great achievements.

“So what can we do to make sure that they, you know, they have more good days, and they do more of the things that they want to do and enjoy the things

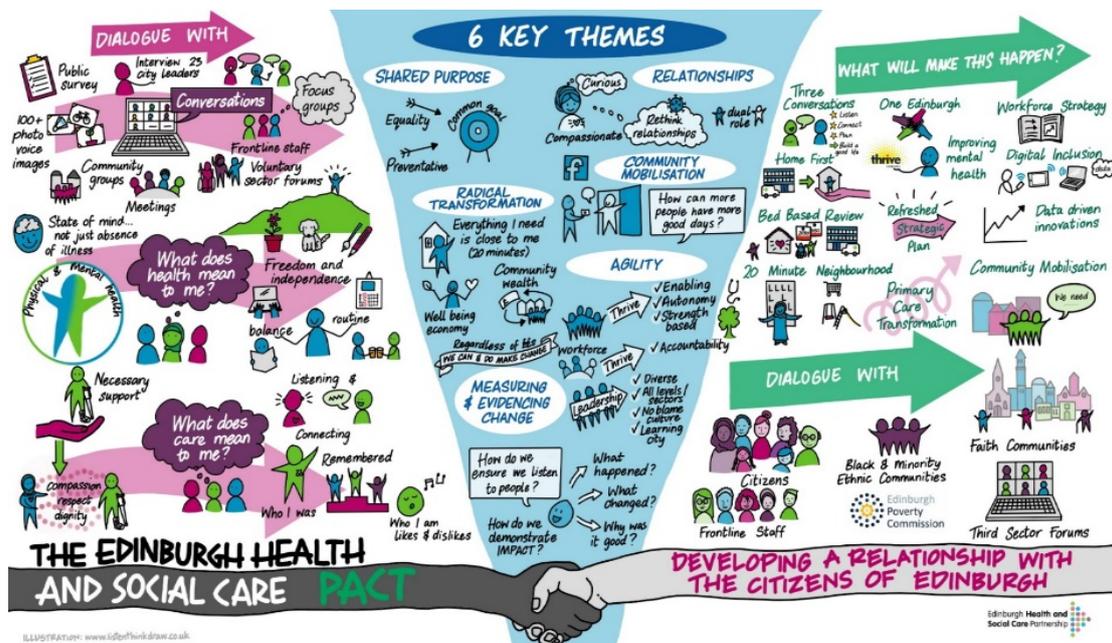
that they enjoy. What is it that we can do to make sure that happens”. (Participant 13)

19. **Radical Transformation** - people recognised that there was an ambitions transformation programme supported by the integrated Joint Board and there was real appetite for going further. There were discussions of how we collectively realise ambition and policy intent, support creativity and positive risk taking that we have seen in the last few months. Of how we can go further, and challenge deeply held perceptions and suspicions we may harbour which impeded progress to delivering on a shared vision.

“How do you bring people together to make something happen, how do you create possibilities out of nothing, rather than we haven't...it's going to get worse, we haven't got the money, it's going to get worse. That message is ultimately sucking lives out of everything”. (Participant 5)

20. **Measuring and Evidencing Change** - The absolute necessity of demonstrating impact and change, of not measuring only that which we can count was a strong feature of this theme. People talked passionately of how stories, narratives, the turning points, that people tell, listen and respond to need to be embedded into our evaluation frameworks.

“So, we have to stop asking politicians to account for how many, how big and how much and start accounting for what happened, what changed, and why was it good?”
Participant 6



The Formulation of the Edinburgh Pact



The Edinburgh Wellbeing Pact

21. The themed analysis led to the Pact being framed and constructed around Wellbeing - our shared purpose being to achieve and maximise the wellbeing of all our citizens.

Why Wellbeing

22. People talked about health as being more than the absence of illness but rather a state of mind you are conscious of; they spoke about being healthy as having the freedom and independence to do what you want to do, live how you want to live.
23. People spoke of the importance of balance and in their life, of having regular routines and people spoke holistically about their physical and mental health rather than separating these two aspects of health.
24. People talked about how it was essential that any care needs to be delivered with compassion, respect and dignity and the importance of being remembered and heard as a person not just set of symptoms or tasks but someone with likes and dislikes and an identity other than being one being cared for.
25. There was the recognition that we can't experience wellbeing if we are powerless, dependent and unable to contribute, wellbeing is something we experience mainly through our relationships with other people. Isolation and loneliness are the biggest threats to wellbeing and although our relationship with people paid to support us is important but much more important is our relationship with our family, friends and neighbours. Our wellbeing-based system needs to interact constructively with households, families and communities as well as with individuals.

*"...it has to be the fundamental underlying conditions that change, not the short-term conditions. And it could be that the most fundamental one is about inequality, poverty, and you know, having work and fulfilling potential, having a productive life, something that actually gets you out of bed in the morning to go and do. That isn't going to the betting shop or scoring a tenner bag."
(Participant 1)*

26. The Wellbeing Pact is built on twin principles of reciprocity and mutuality. Focusing on wellbeing means we won't wait for crisis or emergencies, instead, we will act early, consistently build resilience and connections, focusing on what's important to people, what skills and attributes they have, the role of their family, friends and communities and, given all this, what they need to enable them to live as well as possible
27. A well-being system cannot be achieved without reorienting existing fragmented models of care towards one that rests on a strong primary health

care foundation with an integrated community care component and underpinned by the principle of people coproducing health. It requires investment in holistic and comprehensive care, including health promotion and prevention strategies that support people’s health and well-being. It further requires effective referral systems, flexible and multidisciplinary provider networks, and participatory monitoring and evaluation strategies. All of which we see in the themes identified from the extensive dialogue.

28. The themes identified resonate with the of work Wiseman and Brasher who described community wellbeing as the *combination* of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential. (2008)

The Invite

29. The Wellbeing Pact, built on the twin principles of reciprocity and mutuality, has been framed as set of invites in which the IJB invites different stakeholders to participate in the Pact’s enactment,
30. The initial framing and set of invites were presented to a number of stakeholder events and governance groups as set out below:

| Edinburgh Pact governance | Date |
|---|--------------------|
| Introduce Edinburgh Pact at IJB Public Event | 17th November 2020 |
| Introduce Edinburgh Pact at IJB Development Session | 12th January 2021 |
| Transformation Programme Board 3 | 9th February 2021 |
| Futures Committee | 10th February 2021 |
| Transformation Programme 3 Board | 8th March 2021 |
| Transformation Programme 1 Board | 11th March 2021 |
| Strategic Planning Committee | 17th March 2021 |
| Transformation Programme 2 Board | 8th April 2021 |

31. These invites were introduced as examples of how the Pact moves from formulation to enactment.

| The Edinburgh Wellbeing Pact |
|---|
| <p>The Integrated Joint Board will invite citizens to IJB invite to citizens to:</p> <ul style="list-style-type: none"> • Get involved in your local communities; volunteer; be a good neighbour; get to know the place you live • Try and quit smoking. Drink and eat sensibly and encourage your children to do the same • Support older relatives, friends and neighbours to be independent for as long as possible • Keep active at whatever stage of life • Register with a GP make sure you attend screening programmes– this will help you have more control of your own health and wellbeing • Take time to be supportive parents or guardians |
| <p>The Integrated Joint Board will invite Health and Social Care Staff to:</p> <ul style="list-style-type: none"> • Have conversations with citizens to better understand what is important to them in their lives and • Consider how you can support people to live the best life they can, rather than fitting them into an inflexible range of traditional and expensive services, • Develop and embrace new ways of working which are responsive to people’s needs. |
| <p>The IJB will invite community planning partners to:</p> <ul style="list-style-type: none"> • Support people to live well, helping those who are unemployed into work or training and helping them benefit from the city’s vibrant economy, • Ensure there are a wide range of facilities within local communities including parks, open spaces, leisure, safe cycling routes, good quality housing which support our wellness • Keep city safe, protecting our most vulnerable and helping those experiencing adverse life events. |

32. This framing was supported by the governance groups with members recognising the importance of using language to engender ownership and engagement rather than to disconnect and alienate.

33. Realisation of the Pact, which is in essence is fundamentally a different way of conceptualising health and social care, cannot be achieved without reorienting existing fragmented models of care towards one that rests on a strong primary health care foundation with an integrated community care component and underpinned by the principle of people coproducing health.

34. This requires investment in holistic and comprehensive care, including health promotion and prevention strategies that support people's health and well-being, it requires effective referral systems, flexible and multidisciplinary provider networks, and participatory monitoring and evaluation strategies.
35. Through the delivery of the Strategic Plan there are number of enabling programmes and policies which will support the enactment of the Pact and further refine the reciprocal asks. These enablers are many and include Three Conversations, Thrive Edinburgh, Home First and self-directed support. The developing digital inclusion and workforce strategies present further opportunities to refine the invites,
36. The next stage of formulation (April to June 2021) will focus on frontline staff exploring further the themes of relationships and agility and how the Pact can support relational based care to be the norm with an empowered workforce who are supported in their decision-making by senior leadership.
37. **Enactment**
Following presentations of the developing Edinburgh Pact to Transformation Programme Boards and the Strategic Planning Committee, (September to October 2020) the Transformation Portfolio Board agreed that the ambitions around the community reinvestment work strand would be more appropriately aligned with the enactment activities of the Edinburgh Pact.
38. From October 2020 onward a number of enactment activities under the community mobilisation theme had already began recognising that the process of making the road will become clearer once we have committed to walking the road. (Horton and Freire, 1990). This has not been a linear process rather a process informed by recognising that formulation continues to happen when we begin to enact activities.
39. In partnership with the University of Edinburgh a new Edinburgh Pact Enactment project was successful with a funding application to the Data Driven Innovation Programme. The project is about connecting people with the support that they need through the use of citizen data science to manage their own health and wellbeing. It will also help to define the collection of key datasets within community services for linkage with statutory health and social care data within DataLoch. The two work streams are:

Communities in Motion

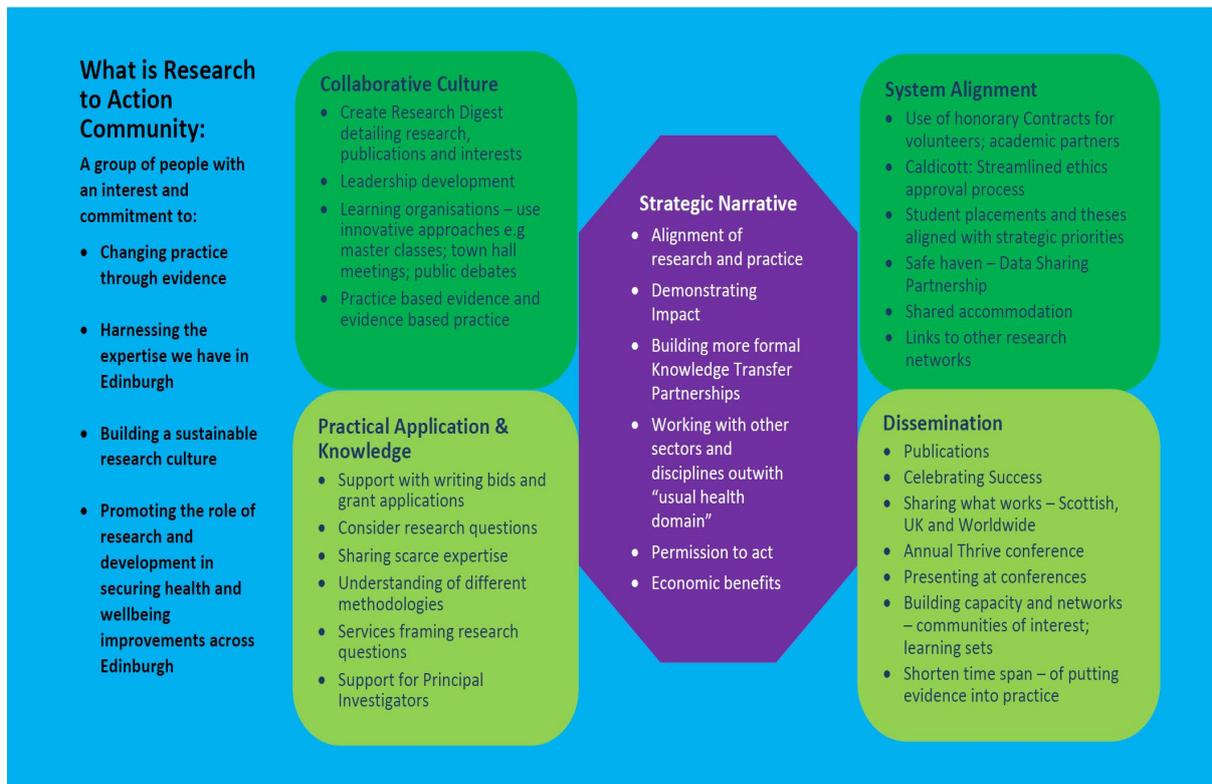
40. Work is underway with 8 of the third sector providers from the Thrive Collective who have recently been awarded five-year EHSCP contracts to deliver to a fresh public health and wellbeing approach to urban mental health across Edinburgh. This project will, in the short term, agree minimum data sets to be

extracted for linkage with wider data within DataLoch and inform service specifications for future commissioning. The medium term aim would to include this data definition with providers of other service such as learning disability and, longer term, for all commissioned community services.

Active Citizenship

41. In partnership with a third sector organization, this work stream would build on their preliminary work to develop a system to capture individual's data from a range of sources focused on a concept of wellness. The short-term output will be the creation of a prototype interactive dashboard for certain neurological conditions supported by data capture interfaces from digital devices (e.g. wearables), validated diagnostic measurement devices and self-reported protocols.
42. This prototype will be taken forward by the partner third sector organization to inform shared decision making in agreed interventions. The continuous feedback loop between an individuals' personal profiles, the evidence base of efficacy and the available and chosen resources will further identify trends and triggers that impact the overall wellness of individuals. It may also identify unmet needs and opportunities to develop innovative data driven tools.
43. The key activities within both streams include:
 - Workshops to develop user stories.
 - Co-creation of tools and prototypes with end users.
 - Technical design and build through understanding user requirements.
 - Evaluation of project impact, integrating feedback from the users
 - Dissemination combining community led and peer review through events, publications and webinars.
44. It is anticipated that this project will contribute to the policy development for forward sustainability. The work in defining core community datasets in partnership with DataLoch will also form the foundation for linkage across wider health and social care data leading in increased potential for service insights and iterations.
45. This academic and practice partnership has confirmed that there is so much to be gained by establishing a formal academic and practice community of partnership with universities and colleges. This new endeavour would seek to build academic partnerships to accelerate the Partnership's strategic priorities. Dr Irvine Fitzpatrick has pioneered knowledge transfer partnerships in the field of mental health for over a decade resulting in £9m of additional income through grants and awards. The **Edinburgh Wellbeing Research into Action Community of Practice** would seek to generate income through grant awards, collaborating with citizens, practitioners and academics using a wide

range of methodological approaches reflecting the ambitions which the Pact seeks to achieve.



Enactment of Community Mobilisation

46. The enactment of Community Mobilisation informed by the radical Transformation theme, has accelerated since December 2020. A key driver of this work has been to mobilise communities from (dis)engagement to participation. To transform that desire for influence in principle into a willingness to participate in practice there needed to be recognition that this will only happen if public services are willing to transfer power and funds to the citizens and communities with whom they seek to collaborate. When people feel they have the tools and the resources to deliver change they make the effort to do so and if public services want people to share responsibility for their future and their community, then public services will need to genuinely share power.
47. The aspirations to develop and implement a three year community mobilisation plan has been shared at a number of stakeholder meetings and planning events between January and March 2020. In addition to the meetings set out in Table 1, two large stakeholder workshops “The Art of the Possible” and “Anchoring Our Thinking” Workshops were also held.
48. On 27 January “**The Art of the Possible**” stakeholder event took place online. This was set up to enable deeper conversations around a number of the radical

ideas about community wealth building, 20-minute neighbourhoods and community anchor organisations. “Talking Points” summaries on these ideas were circulated in advance to the 200 participants who registered to attend. An introduction by Angus McCann was followed by a presentation from Linda Irvine Fitzpatrick setting out the themes from the extensive formulation activities to date which informed the outlining of a three year community mobilisation plan. Ian Brooke, Deputy Chief Executive, EVOC presented on radical transformation emphasising the policy consensus around a shift to a community paradigm shifts. The community paradigm describes a transfer of power from the public service institution to the community as its key goal. This transfer of power is vital as a way of mobilising communities in the cause of prevention and to ensure future sustainability. He highlighted that several organisations, local and national, are all advocating similar themes are addressed with a particular focus on addressing health inequalities and the recognition of poverty in strategic initiatives. There was an opportunity for people to share their thoughts in the plenary, breakout sessions and through the online chat function.

49. There was support on the breadth and depth of ambition set out, the holistic approach and links to anti-poverty and social justice agendas and with the intent for the public sector to genuinely and meaningfully share power with the 3rd sector/ community organisations. There was also recognition that we collectively need to effectively embrace the local, the messy and concentrate on investing directly in communities and that equality and inclusion are vital at the heart of everything; from inclusion of all community groups to engage in new ways of working, recognition that each community has different needs and some people will need additional support due to lack of confidence, tools and resources or language barriers.
50. Exploring the concept of a 20 Minute neighbourhood, which was rapidly gaining further policy traction as social distancing and lock down restrictions continued, was felt to be a priority area to explore with people from a local neighbourhood. Working with the People Powered Results Team from Nesta, people living and working in Leith were invited to join an online conversation (held on 2 and 4 March 2021) exploring what it has been like living and / or working in a neighbourhood during the last 11 months. Participants were invited to consider:
 - What they have valued about living and working locally over the last year,
 - What they have found more challenging
 - What they see as important for Leith in the future to enable them to live better, healthier lives in their local area
51. A detailed report from this was produced. Key points included participants highlighting how communities have been mobilised, the sense of unity between community, statutory organisations and business, alongside community



organisations with strong local roots which helped mobilise volunteers, establish new partnerships and make the most of local assets. The more challenging experiences which people described included groups being left behind due to digital exclusion and that inequalities already present in the area had widened over the last year.

52. It is planned that further neighbour conversations, “The Summer Season” - partnering with local community groups and organisations will take place between May and August 2021. These will make use of different spaces and places neighbourhoods adhering to social distancing regulations. The intention is to try and reach people who may not engage in more formal workshop settings
53. Building on the conversations from the Art of the Possible event, a further stakeholder event was held on 24 March in partnership with EVOC focusing on what people wanted community anchor organisations to be and importantly what they didn't want them to be. This event signalled the beginning of the coproduction of community anchor organisations in Edinburgh. 140 people participated, 42% of attendees had attended The Art of the Possible. Workshop with the majority (58%) of people attending as a new participant
54. The breakout sessions offered a richness of views and there was a broad consensus across most groups. The principle that community anchor organisations should not monopolise or take advantage of any community, rather take a gatekeeper or facilitator role between networks and organisations was generally agreed by most participants. There was also consensus that it was unlikely that one organisation would be able to meet the needs of a community, whether a geographical or community of interest, and most likely community anchors would be a collection of smaller organisations.
55. Participants felt that there would be merit in adopting a blended and collaborative model across all sectors which would allow strong partnership relationships to be formed. The strength of relationships between communities was referenced by many participants as at the heart to succeed with this type of model and should form part of any evaluation framework. The importance of long-term commitment of direction, both in terms of funding and resources from the public sector would enable stronger united focus on inequalities, prevention/early intervention agenda and enable community partners to plan, undertake new initiatives and create capacity. There were also references made to sharing intelligence and insights more effectively and the importance of anchor organisations to be able to adapt and work with autonomy in a more agile and responsive way
56. There is a compelling case for person- and community-centred approaches to health and wellbeing. The drive for services to do more to empower individuals and communities is growing. This is coupled with the increasing body of

evidence from research and practice that these approaches can improve outcomes. We see the significant potential for person- and community-centred approaches to improve outcomes for individuals and communities, as well as to ensure more effective allocation of limited public finances.

57. There is robust evidence from research and practice to demonstrate the benefits of person- and community centred approaches, across three dimensions of value:
- **Mental and physical health and wellbeing:** Person- and community-centred approaches have been shown to increase people’s self-efficacy and confidence to manage their health and care, improve health outcomes and experience, to reduce social isolation and loneliness, and build community capacity and resilience, among other outcomes.
 - **Health and Social Care Service sustainability:** These approaches can impact how people use health and care services and can lead to reduced demand on services, particularly emergency admissions and A&E visits.
 - **Wider social outcomes:** Person and community-centred approaches can lead to a wide range of social outcomes, from improving employment prospects and school attendance to increasing volunteering. They also can potentially contribute to reducing health inequalities for individuals and communities.
58. Person centered and community approaches add value across three domains:
- Enable people to look after themselves better, including understanding their condition, managing their symptoms and improving their diet, and education tailored to particular conditions.
 - Enable people to have meaningful relationships that help them improve their health and wellbeing through, for example, peer support networks and community groups.
 - Enable people to work collaboratively with professionals, such as collaborative consultations and health coaching
59. Across Edinburgh there are numerous examples of all of the above. Some have been directly commissioned by the Partnership, others have grown organically response to communities’ needs. Others are funded by other public sector bodies and many have secured funding from a wide range of sources and many of course draw their funding from a combination of sources. It is a complex and changing landscape.
60. Work has commenced to map the totality of investment in 3rd sector and community organisations by the Health and Social Care Partnership, detailing funding stream, value, duration and source. This composite financial overview matched with the key performance and outcome data from funded services will inform the community mobilisation plan and future allocation of resources

through community commissioning. It is also important to note the recently announced additional funding for substance use and mental health – any allocations agreed to 3rd sector will be included in this overview.

61. The Community Mobilisation Plan has a number of key milestones whilst recognising that as we continue with an active engagement and participation programme more actions may be identified so the plan and milestones are by necessity an active and iterative entity. However, it has been possible to identify a critical path which is set out in the tables below detailing key milestones and timeline.

62. **Community Mobilisation Plan 2021- 24 Key Milestones**

| Milestones 2021-22 | A | M | J | J | A | S | O | N | D | J | F | M |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Financial overview completed | | | | | | | | | | | | |
| Transition funding process agreed | | | | | | | | | | | | |
| Performance summary completed | | | | | | | | | | | | |
| Commence transition funding allocations | | | | | | | | | | | | |
| Health and Social Care Grant Extensions Confirmed | | | | | | | | | | | | |
| Frontline Staff Engagement | | | | | | | | | | | | |
| Summer Season Conversation | | | | | | | | | | | | |
| IIA and Review | | | | | | | | | | | | |
| Data Driven Innovations | | | | | | | | | | | | |
| Establishment of Research to Action Community | | | | | | | | | | | | |
| Codesign of community anchors | | | | | | | | | | | | |
| IIA and Review | | | | | | | | | | | | |
| Commissioning process for Community Anchor organisations agreed | | | | | | | | | | | | |
| Commissioning process completed | | | | | | | | | | | | |

| Key Milestones 2022-23 | A | M | J | J | A | S | O | N | D | J | F | M |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 2 nd tranche of transition funding allocation process commences | | | | | | | | | | | | |
| IIA and Review | | | | | | | | | | | | |
| Community Anchor Organisations in place | | | | | | | | | | | | |
| Specifications for community services agreed | | | | | | | | | | | | |
| Evaluation framework agreed | | | | | | | | | | | | |
| Research into Action Grants – new grants secured | | | | | | | | | | | | |
| Community Commissioning process led by Community Anchor organisations | | | | | | | | | | | | |
| IIA and Review | | | | | | | | | | | | |
| Community Commissioning allocations agreed | | | | | | | | | | | | |

| Key Milestones 2023-24 | A | M | J | J | A | S | O | N | D | J | F | M |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Community Commissioned Services operating | | | | | | | | | | | | |
| Community Commissioned Services 1 st review | | | | | | | | | | | | |
| Research into Action Grants – new grants secured | | | | | | | | | | | | |
| 6 Month review of community commissioned services produced | | | | | | | | | | | | |
| IIA and Review | | | | | | | | | | | | |

Implications for EIJB

Financial

63. As detailed in paragraph 63 the completion of a composite financial overview of all 3rd sector commissioned services is an early milestone in the Community Mobilisation Plan.
64. In December 2018 the EIJB supported the Health and Social Care Grant Programme which awarded 66 grants with a total value of £14.090 million over a three year period. These grants are due to end on 31 March 2022.
65. The EIJB is also funding 8 innovation projects across the city from the EIJB Grant Programme 2019-22. However, due to Covid 19, progress with these projects has been limited, with several areas of activity on hold. It is recommended that the innovation programme continues for a further year which would enable the innovation programme to be completed and an evaluation of impact assessed.
66. It is recommended that the EIJB Grant Programme is extended for a further year to 31 March 2023, maximum value of £4,972,319. This extension will enable organisations to remobilise and reset as we come out of the pandemic and recognise the toll that organisations have experienced during the last 12 months. This security of a further year's funding will also help to support organisations engaging in the community mobilisation cocreation and coproduction process. This will also enable the innovation programme to complete.
67. In financial year 2021-22 £1m funding has been earmarked to support the transition from our current state to where we want to be in March 2024. From the formulation and enactment work to date there are:
 - A number of services and initiatives who are contributing greatly to the delivering the type of approaches set out in paragraphs 60 – 61 whose funding is precarious
 - Communities of interest where the impact of Covid has been particularly damaging
 - Smaller organisations often working with said communities of interest have limited capacity to engage in Edinburgh Pact formulation activities
 - Citizens that we haven't managed to reach, and we need to use different and creative approaches to ensure more voices are heard
68. It is proposed that that the £1m transition funding is used to meet the gaps identified above. Working with procurement colleagues a proportionate process will be put in place to enact and allocate this funding. This will be in place by May with funding allocated from June onwards. This is subject to achieving a balanced financial plan for 2021-22.

Legal / risk implications

69. The SRO and Project Team have engaged with Procurement colleagues who have been active participants in the engagement and participations activities to date. We will continue to work with our Procurement colleagues recognising that a change to community commissioning will change how procurement works. As cited in the Review of Adult Social Care (Scottish Government , 2021) there are alternative models of commissioning and procurement, including Public Social Partnerships and Alliancing which have been used successfully.
70. A risk register and with mitigation strategies will be developed and will form part on ongoing governance reporting to the Transformation Programme Boards.

Equality and integrated impact assessment

71. An Integrated Impact Assessment (IIA) was conducted following Phase 1 of Edinburgh Pact engagement activities in October 2020. This assessment enabled an objective review of the engagement approach adopted and to identify any gaps to be rectified in future engagement cycles. The outcome of the IIA indicated there were several groups with specific protected characteristics who were either under-represented in participation levels or there was insufficient engagement in advance to promote equal opportunities.
72. Subsequently, 80 organisations were contacted based on the outcome of the IIA to engage with and hear views from those who run them and those they represent. During Phase 2 engagement, 7 organisations took part in focus groups or sharing views through a written survey. Despite the relatively low uptake, many organisations in this group have since joined the wider movement and public events for Community Mobilisation - *The Art of the Possible* in January 2021 and *Anchoring our Thinking* in March 2021.
73. An Integrated Impact Assessment will be conducted in May to assess the accessibility of the Edinburgh Pact including the series of invites set out in paragraph and what needs to be done to ensure it's suitable for all audiences (e.g. sensory impairment friendly format, translation into different languages).
74. Throughout the three-year community mobilisation plan IIA and Reviews have been factored in as key milestones. This will ensure that we are paying continual attention to ensuring that our formulation and enactment activities and service delivery are inclusive and when appropriate targeted at specific communities of interest.

Environment and sustainability impacts

75. The radical transformation policies being pursued by the Community Mobilisation Plan will all have positive impact on the environment. Discussion on these aspects will form part of the ongoing formulation activities.

Quality of care

National Health and Wellbeing Outcomes

76. The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. The national health and wellbeing outcomes provide a strategic framework for the planning and deliver of health and social care services. This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

| National Health and Wellbeing Outcomes | What people can expect |
|--|--|
| <p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> | <ul style="list-style-type: none"> ▪ I am supported to look after my own health and wellbeing ▪ I am able to live a healthy life for as long as possible ▪ I am able to access information |
| <p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting in their community.</p> | <ul style="list-style-type: none"> ▪ I am able to live as independently as possible for as long as I wish ▪ Community based services are available to me ▪ I can engage and participate in my community |
| <p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> | <ul style="list-style-type: none"> ▪ I have my privacy respected ▪ I have positive experiences of services ▪ I feel that my views are listened to ▪ I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together ▪ Services and support are reliable and respond to what I say |



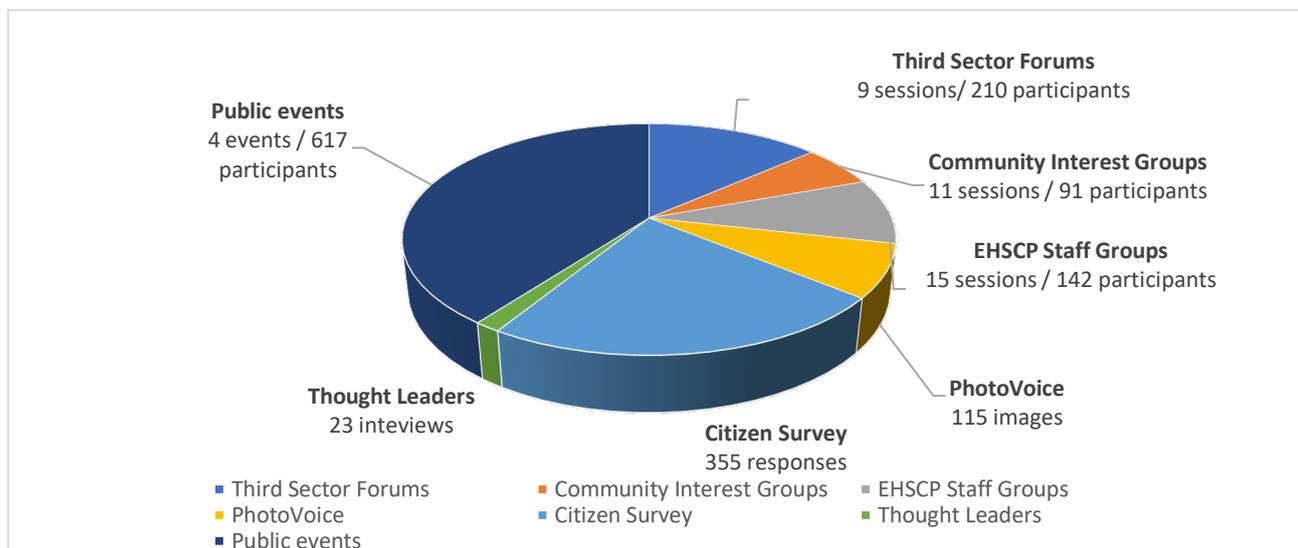
| National Health and Wellbeing Outcomes | What people can expect |
|--|---|
| <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> | <ul style="list-style-type: none"> ▪ I'm supported to do the things that matter most to me ▪ Services and support help me to reduce the symptoms that I am concerned about ▪ I feel that the services I am using are continuously improving ▪ The services I use improve my quality of life |
| <p>Health and social care services contribute to reducing health inequalities.</p> | <ul style="list-style-type: none"> ▪ My local community gets the support and information it needs to be a safe and healthy place to be ▪ Support and services are available to me ▪ My individual circumstances are taken into account |
| <p>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p> | <ul style="list-style-type: none"> ▪ I feel I get the support I need to keep on with my caring role for as long as I want to do that ▪ I am happy with the quality of my life and the life of the person I care for ▪ I can look after my own health and wellbeing |
| <p>People using health and social care services are safe from harm.</p> | <ul style="list-style-type: none"> ▪ I feel safe and am protected from abuse and harm ▪ Support and services I use protect me from harm ▪ My choices are respected in making decisions about keeping me safe from harm |

| National Health and Wellbeing Outcomes | What people can expect |
|---|---|
| <p>People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p> | <ul style="list-style-type: none"> ▪ I feel that the outcomes that matter to me are taken account of in my work ▪ I feel that I get the support and resources I need to do my job well ▪ I feel my views are taken into account in decisions |
| <p>Resources are used effectively and efficiently in the provision of health and social care services.</p> | <ul style="list-style-type: none"> ▪ I feel resources are used appropriately ▪ Services and support are available to me when I need them ▪ The right care for me is delivered at the right time |

- 77 In line with the Measuring and Evidencing Change theme, which emerged from the formulation of the Pact, we will be using different methodologies and approaches demonstrating “distance travelled “ to achieving outcomes. This will be fully detailed in the Community Mobilisation Evaluation Strategy.

Consultation

78. The success of creating, formulating and enacting the Pact is predicated on robust and meaningful engagement, participation and consultation with Edinburgh citizens, and the workforce in the Health and Social Care Partnership, commissioned 3rd sector services and independent sector and our wider planning partners and key agencies across the city.
79. Set out below is a summary of the participation and engagement to date.



80. As we progress through community mobilisation there will be further specific events on different developmental areas. For example, our next workshop on Community Mobilisation has been set for 13 May 2021. This has been scheduled to ensure that we can feedback the decisions from the IJB regarding the recommendations set out in this paper.
- 81 There has also been interest from Health improvement Scotland on the work we are doing on the formulation an enactment of the Pact, The SRO was invited to present alongside - the leads from the Wigan Deal and Vibrant Communities, East Ayrshire at a recent national event. The flash report link is included.
82. The SRO has been working with City of Edinburgh Council colleagues ensuring that there is synergy and read over with the aspirations and commitments of the Council’s Business Plan, The Poverty Commission and City Vison 2050.

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Background Reports

“The Art of the Possible” Stakeholder Report (January 2021)

“Persevere Mobilising Communities in Edinburgh to live well locally” (March 2021)

“The Power in our Communities” National event (March 2021)

<https://www.edinburghhsc.scot/the-partnership/the-edinburgh-pact/>

Appendices
