Edinburgh Health and Social Care Partnership

Edinburgh Wellbeing Pact

Prevention & Early Intervention – an opportunity

Stakeholder Event – 10 October 2023

1. Welcome and Checking In - *Ian Brooke, Deputy Chief Executive, EVOC*

1.1 Ian welcomed all to today's Edinburgh Wellbeing Pact session aware that now the nights are fair drawing in, he asked all to think about what food we like to buy from the chippy. His favourite is fish, chips, mushy peas with ketchup, bread, and butter!

1.2 Ian reflected on the session we had on 23 June at which a number of people attending today had also attended. He shared some of the feedback, thoughts and comments that came out last time and spoke of how we are building on all the intelligence and insights garnered together.

- Using transitions as opportunities for early intervention and prevention
- Focus on enabling people to make decisions about their care
- Enable people, workers, everyone to do the 'right thing' rather than what the system wants
- Inequality and human rights principles embedded in delivery
- Behaviours of people in the system that matches vision, purpose and principles
- benefit of a community wealth building approach
- Improving situation/opinion/stereotypes around certain 'stigma'
- Recognising people's journey is not linear and that they may 'dip' in and out of support
- Quick support – don't make it difficult
- Community asset – strengths-based approach to communities as well as people – what goes on in

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- Where are the places that people already go? Use these spaces
- Remove eligibility criteria
- Smaller interventions earlier
- Reducing stigma
- Solution focussed – asset based
- Shared trust amongst professionals
- Responsive not reactive
- Right time right place
- Trust in people and services
- Enabling and empowering - all involved
- Sustainable funding – unrestricted
- Budgets to be better planned and predicted to enable planning and offer security
- Addressing poverty and inequality – intergenerational poverty
- Maximising people's income

- Improved way of finding resources for everyone (citizens & professionals)
- Welfare rights entitlement
- Building social capital/ community/ relationships
- holistic approach required
- Education about health conditions- prevention focussed
- Should be aspiring to a 'thriving community' rather than just managing
- Flexible employment opportunities for local people
- Inclusion should be sensitive to cultural aspirations and requirements, sensory impairments and literacy
- Co-production with minority ethnic communities from the beginning
- Partnership working – important to ensure smaller organisations don't get lost in this

- Build on collaborations that have been occurring organically
- Partnership working resourced, flexible and creative – not a displacement of responsibility
- EHSCP need to understand what they are asking for
- proactive rather than reactive
- Knowledge sharing across everyone
- Radical approach – be universal/holistic open to all
- Embedded in communities
- Funds are asking for things to be community led
  - Boards need to be local residents
  - Who and what is your community
  - Disadvantaged communities – do they have the capacity to support community led decisions?
- Refugee communities engage differently
- Whole system change – less restriction of funding
- Monitoring outcomes is important – grant monitoring what is actually happening – give valid evidence-based reason for any changes to funding or reporting requirements

2.3 He invited folks at their table to reflect on the discussion from June and note down initial thoughts. These are detailed overleaf:

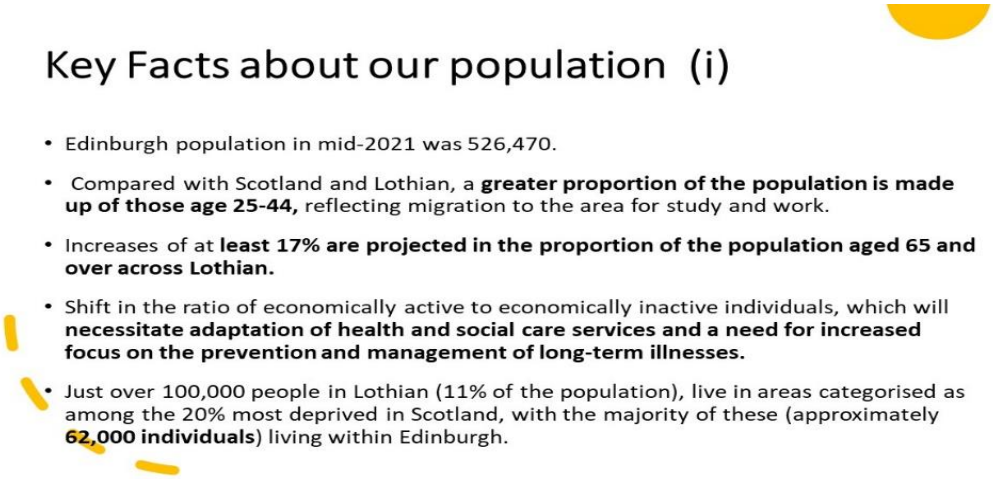
Community collaborative working feels key Community 'assets'/space connectedness wellbeing = resilience What is the Edinburgh wellbeing pact? Holistic approach – long term (needs) Building trust into the system/staff process Hopeful – no surprises Kindness Consistency 'Warm handovers' Not an actual focus on prevention, not in advance – needs a definition 'Genuine prevention' Community led/service led Need to shift resources from acute to prevention. How do we address loneliness and isolation?	Good spaces needed Empowering Carer concerns contribution vs. burden? Balance duty of care Employment opportunities for people in recovery incl. work in alcohol and addiction services Length of sobriety and clean time required – can this be more flexible dependant on individual circumstances Nothing unexpected – 'what we do already' Talks about being holistic and whole system change – Big starting point and lofty ambition! Need to work in Partnership especially across Partnerships. Impression that we are perhaps too risk averse and very busy so inviting discussions/work with others may take too much time thereby creating risk. Importance of diet/nutrition- starts at an early age i.e., before conception. Need more clarity on what problem we are trying to solve? What is the focus of the strategy, what do we mean by prevention?

2. An Opportunity for Edinburgh, *Dr Linda Irvine Fitzpatrick, Edinburgh Health & Social Care Partnership*

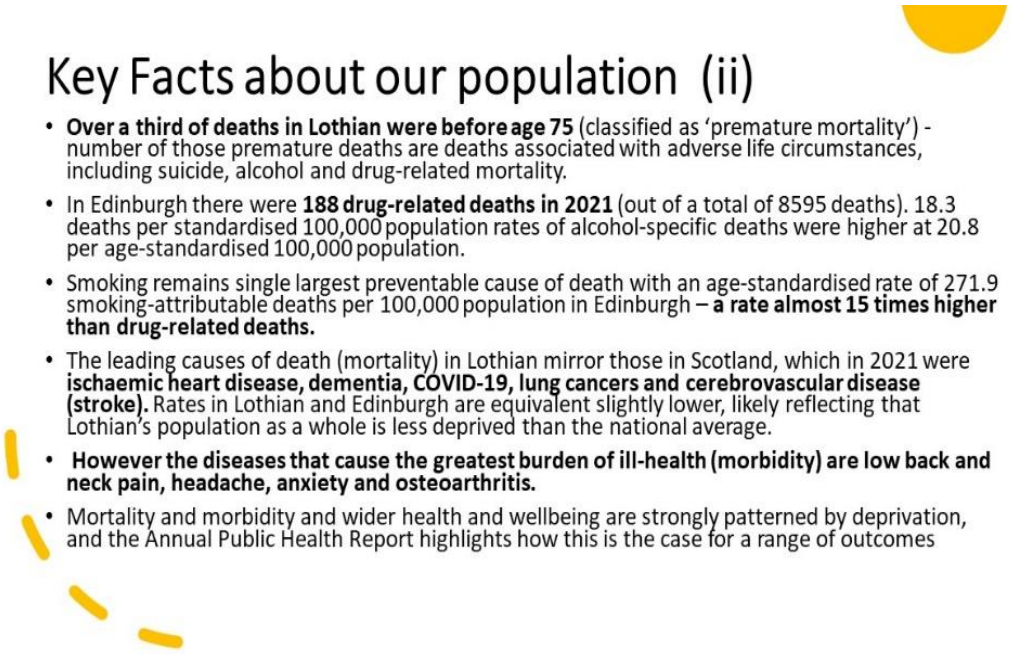
2.1 Linda began by thanking all for coming along to the session, noting the importance of people participating in co-production of the Prevention and Early Intervention draft strategy. She outlined the timeline for the strategy including the formal consultation, in ln with the Standards for Community Engagement, from November through to January.

2.2 Linda went on to highlight that this work is s informed by the 6 key themes that emerged through the extensive dialogue that took place with people across the city to develop the Edinburgh Wellbeing Pact and our shared purpose to have more good days. These conversations took place throughout the pandemic, with a key consistent message being that people that people did not want to go back to the same ways of working. She highlighted some examples of work under each Edinburgh Wellbeing theme:

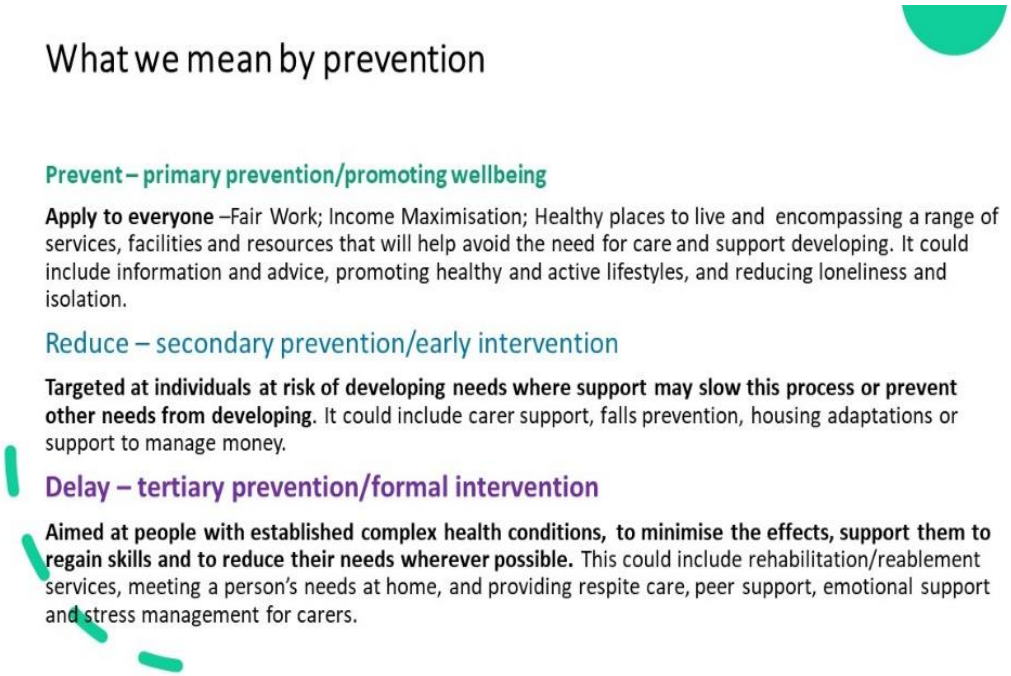
2.3 Linda shared some key findings from the recently published census data



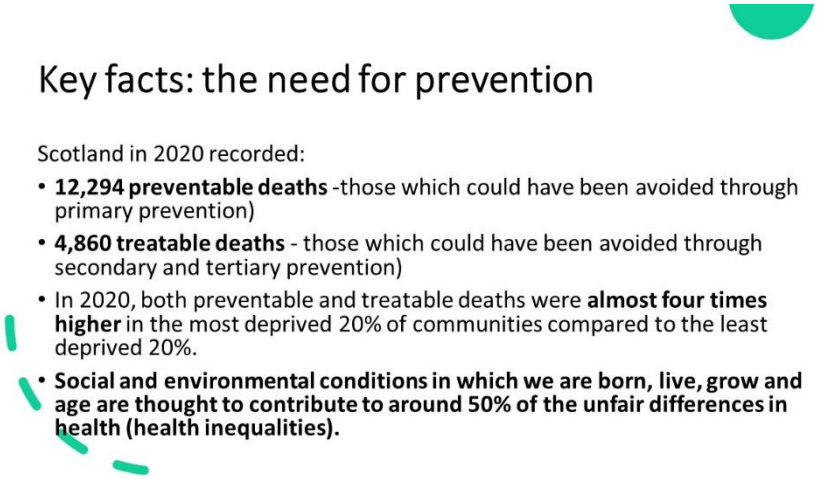
2.4 She highlighted recent data from Public Health Scotland which demonstrated how mortality and morbidity nd wider health and wellbeing are strongly patterned by deprivation.



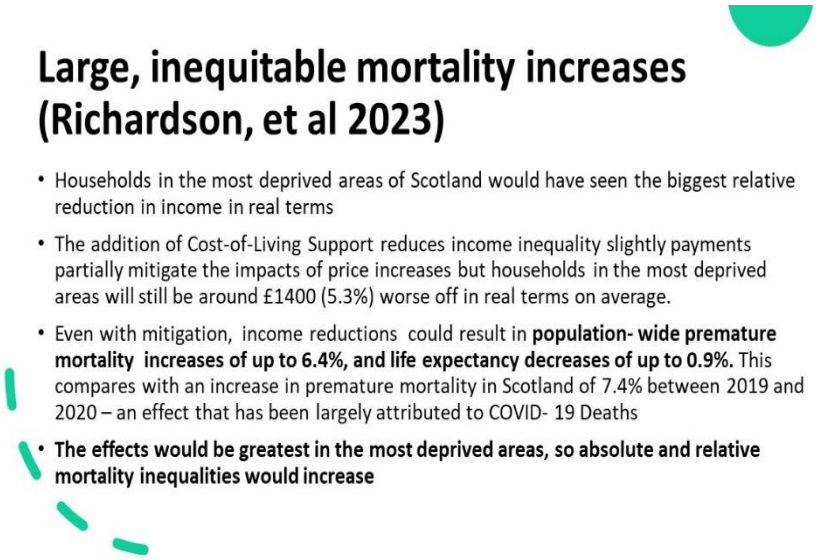
2.5 Linda stressed the importance of having shared definitions around what we mean by prevention. Prevention which centres around health promotion, as well as primary interventions which seek to avoid need for care and support developing. Reduce – secondary prevention which focuses more on early intervention at a secondary level which targets those at risk of developing needs where support could slow this process. Finally, delay or tertiary aimed at those with established complex conditions through formal intervention to reduce need where possible and build capacity.



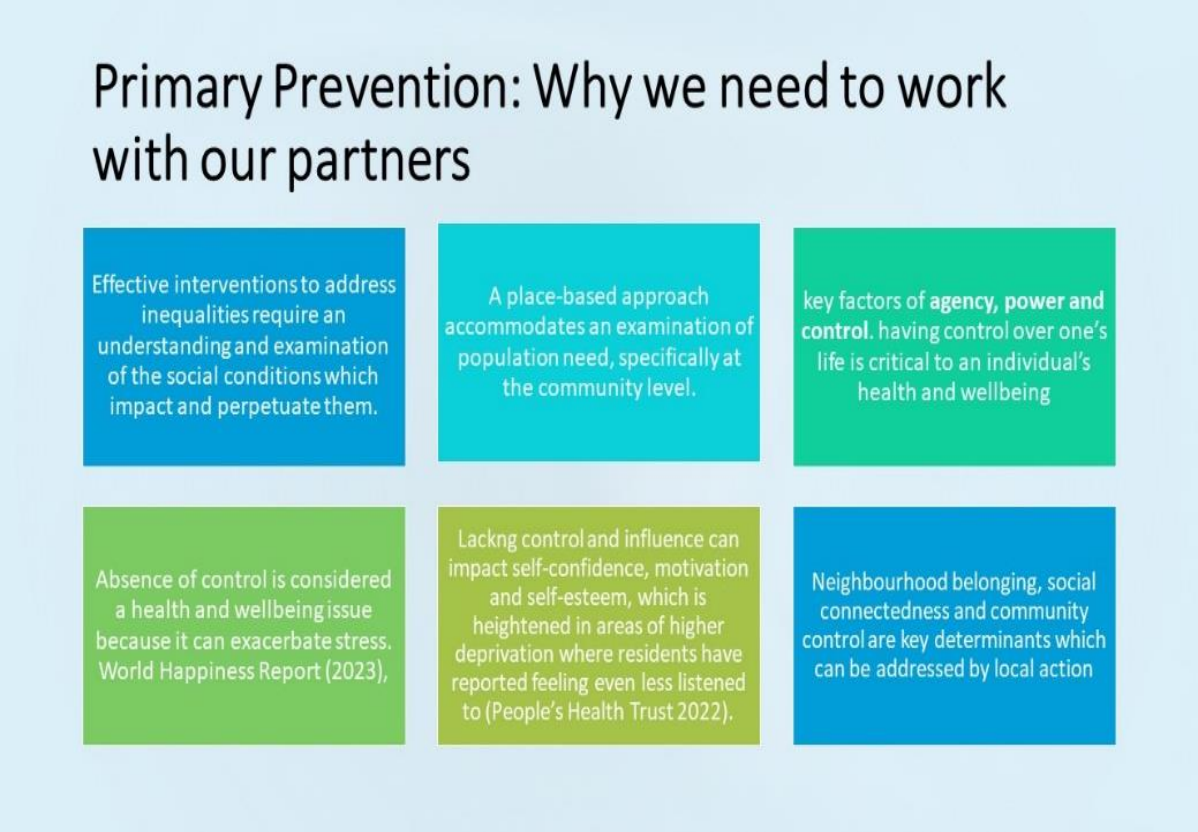
2.6 Linda highlighted the key facts as to why we need to more at every level of prevention.



2.7 She spoke of recent research which indicates that households in the most deprived areas of Scotland would have seen the biggest relative reduction in income in real terms whilst cost-of-living support reduces inequality slightly those in the most deprived areas are still worse off.



2.8 Linda reiterated that we need to work together with our partners and with established Partnerships across to truly deliver a preventative approach. She highlighted an important point that key factors of **agency, power and control** having control over one's life is critical to an individual's health and wellbeing.



2.9 Linda spoke of the outlined 5 key principles in community wealth building: spending, inclusive ownership, fair work, finance, and land and property. Of the recent EVOC conference which has focussed on community wealth building with lots of great examples under the five principles of work underway in Edinburgh. She spoke of how we could enact these principles to support health and wellbeing

2.10 She spoke of the published evidence base on primary / secondary interventions which includes community intervention, reablement, telecare and falls prevention

Secondary /Tertiary: What does the published evidence base tell us?

Marczak (2019) suggests that the limited existing evidence is concentrated on:

- **community intervention**
- **reablement**
- **telecare**
- **falls prevention**

Assessing cost-effectiveness in prevention is challenging not only due to the lack of a shared understanding of what prevention is, but also because of the difficulties in demonstrating **whether it was the interventions that caused the outcomes.**

Long timeframes required for observing the full consequences of preventative investments

Evidence may not be transferable to unique local contexts and more local evaluations are needed to support judgements about the most cost-effective targeting of limited resources

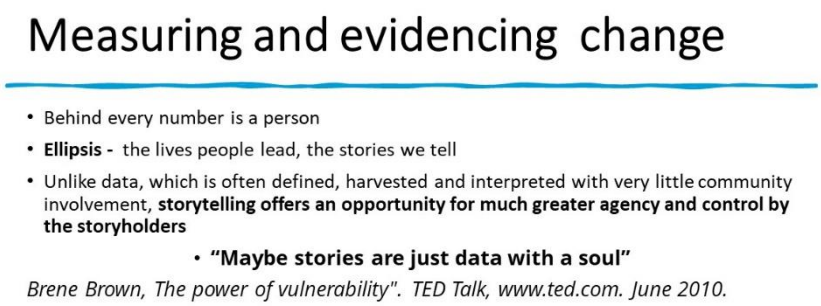
2.11 She highlight the research of Tew *et al* who reviewed preventative approaches in adult social care - and how In Edinburgh there are f=great examples of all which we need to build upon.

"Second wave" approaches to prevent, reduce or delay needs for care and support

- Tew et al. (2019) looked at preventative approaches being implemented in seven local authorities in England - 'n adult social care in England were often embedded within a variety of strategic initiatives, including:
- Strengths-based models of social work and social care practice (such as **Three Conversations**)
- Approaches to social networking and building community capacity (such as **Local Area Coordination**)
- Mobilising the resources of family and personal networks (through approaches such as Family Group Conferencing, peer support or **Community Circles**)
- Targeted 'upstream' use of personal budgets.

2.12 Linda spoke of how of how the rich data that we have in Primary Care can really help us with targeted approaches and understand health needs of our 20 minute neighbourhoods and in turn address the inverse care law. The inverse care law is the principle that the availability of good medical or social care tends to vary inversely with the needs of the population served.

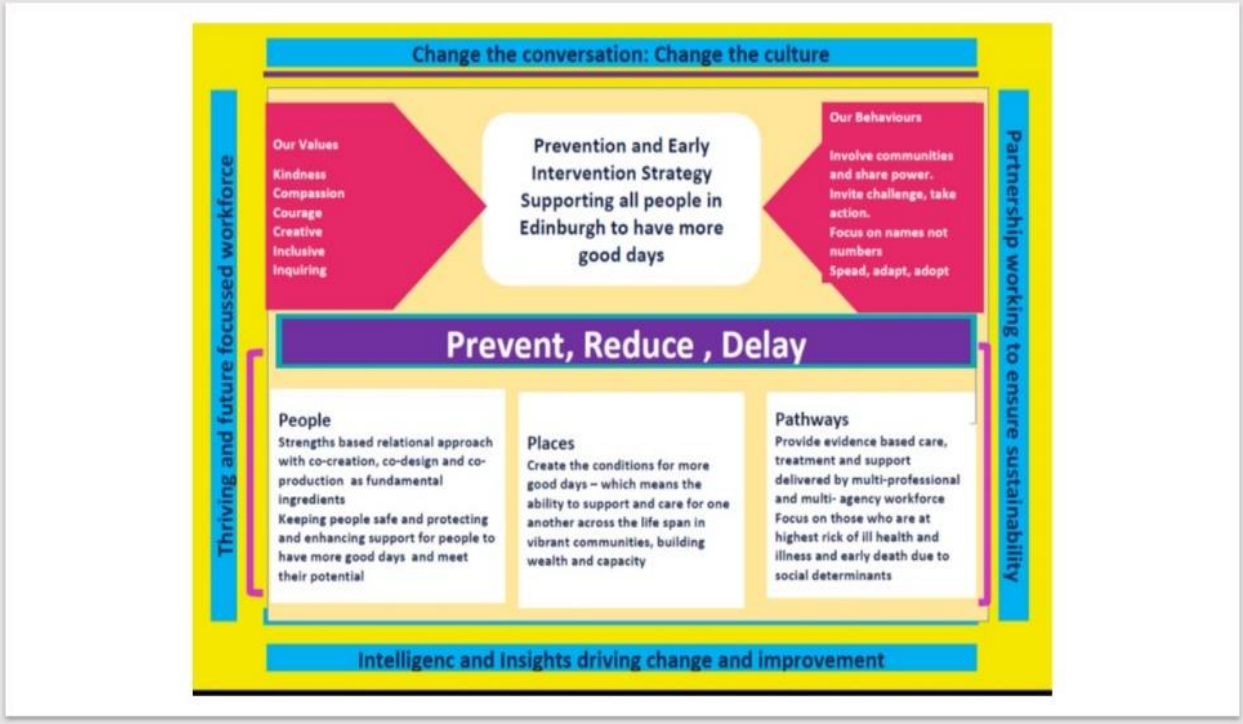
2.13 Linda reiterated the importance of measuring and evidencing change but noted that we seem to only be considering key performance indicators within a performance management structure. She highlighted the new Ellipsis... programme which will partner with peer researchers to gather data systematically on people's experiences and stories of care and support in Edinburgh.



2.14 She urged people to imagine what they wanted an Edinburgh in terms of our health and social care and to feed tah into the production of the draft strategy.

2.16 Linda shared that there will be three interlocking components that the strategy will focus on:

2.17 She concluded by sharing the revised framing for the "strategy on a page" which builds on the outputs from the session held in June.



3. Thinking about People - *Table top discussion (1)*

3.1 Ian invited people to think of the core principles of prevention, reduce and delay in terms of what is important for people in Edinburgh. This could include:

- People employed and working in health and social care.
- People we care for
- People we deliver our services and support to
- People who support one another - peers; volunteers

The collated responses from the group discussions are set out overleaf.

Roundtable Discussion on People – Summary Feedback

- Students/Mature Students/International Students accessing healthcare – barriers to access if they have to be referred in
- Unheard voices or those that don't speak up to say they have a need including Adult unpaid carers and people who self-identify as having a disability
- People with mental health issues who are not able to go to places to speak to 'navigators' etc. Bring back drop-ins where there is no stigma
- Open access requirement to reach people:
    - In a safe community space
    - Where/how they want to be met
    - Consider 'when' not just Monday - Friday (9-5)
- Collective independent advocacy can help to reach people whose voices are difficult to hear
- People you want to hear from are not being heard – how do we change this?
- CPN attached to GP with more time to speak
- Priorities – anyone who cannot afford access to counselling/MH services
- People in active addiction – opportunities for treatment
- How can we treat more people
- Missed middle group of people
- Everyone
- Protected characteristics e.g., disabilities
- Carers – consistent policies across networks
- Community councils – support residents (long term)
- Housing – such a big issue. Affordable housing. Somewhere safe to live.
- Communication is a human right. Inclusive communication, have this as an action that everyone follows and delivers.
- Mainstream communities in 20-minute neighbourhood to be more accessible and inclusive
- BSL communities – increase accessibility and inclusion
- Sensory loss communities – engaging and participating in mainstream
- Reduce labelling - we're all human
- Young people and future proofing
    - Disengaged/disaffected/not attending school
    - Transitioning P7-S3
    - School leavers 16+
    - Non diagnosed additional support needs.
- People need access to interpretation service, refugees etc. Good response to Ukrainian refugees but needs scaled a up for all
- Impact on women
- Manoto principles
- Falls prevention highlights one of the major issues is poor and broken pavements.
- Short-term inconsistent funding is an issue, well used and evaluated services are often not retained or rely on inconsistent funding models.
- Need to address inter-generational trauma, not just trauma informed but trauma responsive.
- Why are we looking at target groups isn't this about whole communities?
- People agency and support tool to work
- Strengths based tools
- Strategy placed in community plan context and focussed on EHSCP. Can't be everything to everyone.

4. Volunteer Centre Edinburgh, *Heather Yang, Volunteer Edinburgh*

4.1 Heather provided an update on the Community Taskforce Volunteer programme which does not replicate existing services delivered by other third sector organisations. Rather, where existing provision is in place, they refer onto appropriate providers of support within the third sector. She went on to say:

"I wish I had a magic wand, instead the Community Taskforce Volunteers offer what they can."

4.2 She noted that the programme was established in response to the Covid-19 pandemic to encourage people to volunteer to help during the initial lockdown. They respond to all requests and signpost if they cannot help directly. Often, they are able to offer a volunteer to assist the next day as they use local people to assist with tasks.

Established in response to the Covid-19 pandemic (Scottish Government - Ready Scotland Campaign April 2020) to encourage people to volunteer to help during the initial lockdown

4.3 CTV support is designed to be one-off or very short term for individuals who have no family, third sector or statutory support. Heather noted it is always worth contacting Volunteer Edinburgh with any request as they may be able to help with one off tasks. They offer preventative work as well as an early intervention and collaborate with many partners to ensure the best outcome is achieved for the people of Edinburgh.

CTV support is designed to be one-off or very short term for individuals who have no family, third sector or statutory support

For some clients the need may be on going. If no immediate alternative is available, on-going support can be provided for up to 3 months until more appropriate provision is found.

4.4 Heather shared the figures from May 2020 to date, noting there have been 14,579 tasks completed including those tasks for New Scots.

CTV Numbers (May 2020 - October 2023)

Requests for help	**1864**
Tasks completed	**14579**

Shopping, dog walking, gardening, prescription collection, deliveries, waste removal, one to one help	**7191**
Hearing aid collections or deliveries	**746**
NHS flu and Covid vaccination support	**3126**
Help for other organisations	**511**
Welcome at Edinburgh Airport to Ukrainians arriving	**2090**
English language, coffee & wellness support sessions for Ukrainians	**288**

4.5 Heather shared that they currently have 466 volunteers available, 31 of whom were active in the last week.

Current available volunteers **466**

LAST WEEK **31** volunteers completed **48** tasks

4.6 She highlighted the important role that the CTV play in the role of prevention, providing a solution to those in need.

Role in prevention agenda

Picks up people who are not on the radar of services **OR** people who chose not to be on the radar

Refers on

Highlights gaps & emerging needs

Provides a solution

4.7 She finished by noting that they hope to provide a helping hand for the most in need and make connections for people while offering a smile and a hand of comfort. She urged anyone to get in touch if they had any questions or required support.

For more information

voled.in/taskforce

taskforce@volunteeredinburgh.org.uk

07958540438

5. Thinking about People and Places, Tabletop discussion *(2)*

5.1 Ian invited people to think of the core principles of prevention, reduce and delay in terms of what is important for people and places in Edinburgh. They explored:

- Which places do we need to focus on – where do people go to? Libraries; parks; supermarkets
- What kind of places do we want to live in which support health and the ability to have more good days
- How do we make use of places to deliver our care and support

The collated responses are set out below:

Roundtable Discussion on People & Places – Summary Feedback
▪ Knowing what support is out there ▪ Under utilised spaces within communities that could pose as hubs (underlying costs to keep empty building) ▪ Importance of online spaces for those it works for ▪ Getting to places can be challenging for a number of reasons incl. mobility; transport; cost; access; no advance booking; rely on volunteers/family ▪ One place to get all needs supported ▪ Community awareness of services/support and then how they can volunteer to support unmet needs ▪ Support to start engaging spaces and places ▪ Variety of approaches needed and places ▪ Reliance on online systems for people who just want to speak to someone – find balance ▪ Demand for more accessible housing ▪ People just need a place to chat ▪ Tramline helps re transport – but only useful if you live near it ▪ One stop for self-service – one directory and one local community hub ▪ Invest in greenspace ▪ 148 parks in Edinburgh! ▪ Learning from elsewhere – learning exchange ▪ Age Scotland veterans' comradeship circles

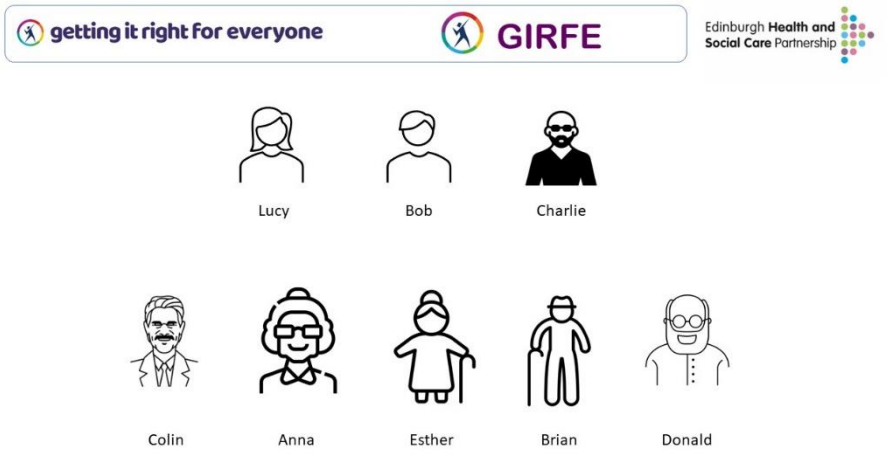
- Women feeling safe
- Arts
- Schools – stop it before it starts
- Community Centres
- Supermarkets
- Job centres
- Mother/toddler groups
- Churches/places of faith
- Hospitals
- Locality hubs
- How do we reach those that are house bound?
- Informal networks – training available for these staff? E.g., supermarkets, cafes etc.
- Geographical communities/communities of interest
- Communication/awareness of activities: social media/transport/buses or trains
- Governance of this – community councils? Do they have a role here?
- Including social determinants of health
- Libraries as a very good community resource, do people know the range of things they offer? i.e., Knitting groups, hearing aid batteries, book delivery, groups e.g., smoking cessation.
- Community Gardens a good example of opportunities to engage people.
- Men's sheds, schools- outdoors classrooms, hospital grounds.
  Hermitage of Braids, Craigmillar Castle Park, Community Centres/Play parks/skate parks. Friends of community parks groups.
- Lots of collaborative work goes on- how do we extend this - set the context and opportunity for multi-sector collaboration.
- What are the barriers to accessing facilities? – Identify them so we can reduce the barriers. need to make them safe and for people to feel ownership of them. Space in Broomhouse was mentioned as an excellent community resource.
- Need for a community development approach, this needs to be resourced and supported. How do we achieve co-production without it? An expectation that 3rd sector lead community development?
- Are some areas ignored
- Broken window theory - we need to care and look after all places
- People are categorised – ghettoised
- Pubs
- Football clubs – community work
- Safe drug rooms
- Ambition should be how do we get people out
- Further support required for crisis
- Acknowledging people's struggle to get to these places

6. Enacting our Values – Getting it Right for Everyone, *Anna Wimberley, Edinburgh Health and Social Care Partnership and Stef Milenkovic, EVOC*

6.1 Stef provided some background around GIRFE noting the Scottish Government is working with Health and Social Care Partnerships to co-design Getting it Right for Everyone: a multi-agency approach of support and services from young adulthood to end of life care. Edinburgh Health & Social Care Partnership is one of 8 HSCP pathfinders working with citizens to design and test a national framework and multiagency practice model. He went on to say in Edinburgh we are keen

to enhance our collaborative infrastructure to shape the national GIRFE Framework from our communities' experience, building on our existing multi-agency strength-based models.

6.2 Anna highlighted that the Scottish Government's flash report is available in Appendix 1, describing the GIRFE aims, principles, co-design approach, milestones, and timelines. A 7-minute update describing the GIRFE aims, principles, local areas of focus and progress to date was shared on tables at the event and is included in Appendix 2.



6.3 Stef and Anna y spoke about the opportunity to contribute to a national initiative in way that could enable us to work alongside citizens to alleviate long-standing challenges. The design and development of a national framework offers the collaborative opportunity to structure and facilitate complex change in local service delivery and community support. GIRFE, alongside our existing improvement programmes, will feed into the development and delivery of the Prevention and Early Intervention Strategy.

getting it right for everyone GIRFE Edinburgh Health and Social Care Partnership

- National initiative which allows us to alleviate long-standing challenges for Edinburgh's citizens
- The design and development of a National Framework offers the opportunity to structure support to facilitate complex change in local service delivery
- We will need to work together to achieve the outcomes of the programme and you have the local intelligence that is required
- This programme, alongside our improvement programmes, feed into the development of an Early Intervention and Prevention Strategy

6.4 Anna stated that the ask is to continue to work together to build on the breadth and depth of local intelligence and experience in the room to support achieving the national GIRFE outcomes. In the discussion groups we built on insights and the design 'how might we' questions to generate ideas re. people, places, and pathways. Ideas and concepts will be written-up and contribute to the national ideation and sense-making stages. They will continue to work alongside citizens and practitioners throughout the co-design and co-production process. If you would like to find out more please contact: LongTermConditions@nhslothian.scot.nhs.uk

7. Thinking about People, Places and Pathways - Table top discussion (3)

7.1 Ian invited ppeople to think of the core principles of prevention, reduce and delay in terms of what is important for people, places, and pathways in Edinburgh. They explored:

- Are pathways always clear to people?
- How we make it easier for people to get help
- How do we join and connect more so that people don't have to repeatedly tell their story
- What do you think we should do differently**?**
- Are there things you are doing differently that we could all learn from?
- Do you have any ideas or concepts to share?

The collated responses are set out below:

Roundtable Discussion on People, Places & Pathways – Summary Feedback

▪ Adaptations/taking account of future needs
▪ Information required to record in different places
▪ Access to GPs needs to be easier
▪ Accessibility to services for those in the minority
▪ Needs and wants based holistic
▪ Ref to 'blue zones' how do you continue to support people in the community to attend
▪ Facilitation around prejudice
▪ Reiterate need for financial support
▪ Human based approach not justifying the need for support
▪ Targeted effort at wider societal level not just considering those with identify as 'requiring support'
▪ Housing better connections for people with frailty
▪ Catchment area changes – you must move GP. Disconnect with different services and their catchment
▪ Non-referral route
  ○ Access to support
  ○ Near me
▪ Network of communications constantly changing – reliant on local knowledge
▪ Social prescribing needs to be right up the centre
▪ Bring facilities into the community spaces where people are
▪ Having to repeat your story over & over – lack of joined up approach
▪ System broken – lack of capacity
▪ Poor communication between 3rd sector and statutory services
▪ Not transactional
▪ Not time limited engagement
▪ Too many agencies involved ('too many cooks')
▪ Dynamic fluid plans for individual/family
▪ Empower people to self-manage – prevent dependence on services
▪ Barriers incl. funding; systems; restrictive criteria
▪ Collaboration of the unique services available
▪ Multiagency & multi sectoral
▪ Choice and control for person
▪ Whole life service – no age restrictions – need to consider the whole family
▪ Working with trauma in the community
▪ Investment in single IT system
▪ Prevention pathway – too often people are stuck in a cycle of generational addiction
▪ Services taking a 'relational approach'
▪ People falling through the cracks in their journey to treatment centre – what is the pathway?
▪ LGBTQI+ community hidden – 20 minute neighbourhoods
▪ What is frailty? Defining the scope incl. Co-morbidities.
▪ Consent to share policies in place
▪ GIRFE – No personas are BME
▪ Language – plain English – translation needs to be costed in
▪ Making every contact count
▪ Funerals – what support for bereavement?
▪ 'named person' for everyone – although appreciate issues of DSA
▪ Feedback loop of referrals
▪ Who supports OOH/MH remote hub for crisis mental health. 24hr mental health support needed

- Challenge is political, needs a change in mindset of politicians and leaders.
- Funding!!!!
- Many examples of things that work well- Falls prevention work – needs to be scaled up and expanded.
- Availability/ Accessibility is the answer.
- Early identification of people at risk is necessary, - how do we engage with people earlier?
- How do we ensure a more systems-based approach?
- Barriers?
    - Identifying people is difficult especially early enough to prevent escalation
    - Referral process could be a barrier, people given information they don't understand, or are unable to at that time. People don't always know why they have been referred and to what, what is offered and how it might help.
    - People need support to access other services particularly if they don't know them, are socially isolated and lacking in confidence
- How best to engage people - Support them to engage
- Right conversation at the right time- for them!
- Pathways Flexibility- whole family support to employability services; Cross-sector working; Person-centric
- Wider 'Anchor Orgs, football clubs, supermarkets, pubs, cafes etc.
- Scott report 'Human Rights Enablement.'
- It's opposite of everything – working in siloes
- More recruitment fairs in communities
- Needs to bring knowledge, skills, and specialisms together
- Strategy needs to be clearer, more factual
- Put GIRFE aside and focus on pulling people together
- A resource which matches you with peer support – control yourself. For transitions as well as mental health
- Services are in survival mode, allow flexibility no time to deal with wider issues that would help.
- Spot contract system needs reviewed
- Real change – true transparency
- Did we get it right for every child? We need to learn from that.
- Do reports reflect reality?
- We need connecting to real life – budgets are cut
- More people with lived experience who manage as well as providing peer support must be well supported
- Some people will not accept help this is about safeguarding.
- Consistency is needed
- Fundamental to understand that people need to get assessed before support can be received, they also need to receive a budget from social work which can take months, individuals reach crisis point before assessment takes place

8. Next Steps - *Ian Brooke & Dr Linda Irvine Fitzpatrick*

8.1 Ian and Linda thanked all for coming along to the session and contributing to a rich and valuable discussion. Linda confirmed that the outputs from the day would be written up and shared with all who attended and with the wider Edinburgh Wellbeing Pact mailing list. Linda ended by stressing that there will more opportunities for people to come together to discuss the draft strategy including specific approaches and interventions ; for example on 30 October we will be focusing on Peer Support.

Appendix 1

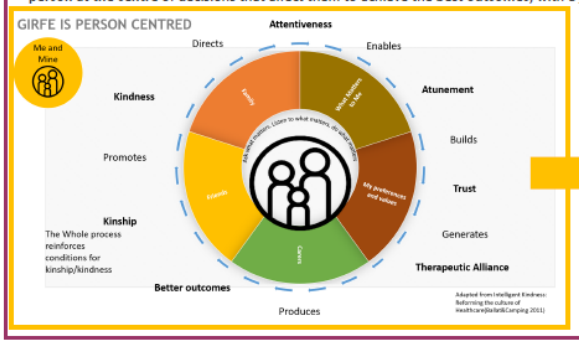
getting it right for everyone

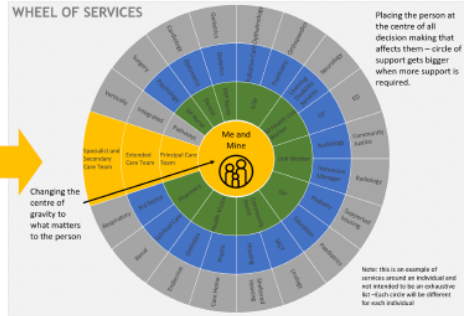
A **multi-agency approach of support** and services from young **adulthood** to end of life care.

What is GIRFE?

- GIRFE is a proposed **multi-agency approach of support** and services from young **adulthood** to end of life care.
- GIRFE will help define the adult's journey through **individualised support and services**, and will respect the role that everyone involved has in providing **support planning** and support.
- Too often, adults and their families are excluded from assessment and support processes by complex bureaucracy. GIRFE is about providing a more **personalised** way to access **help and support** when it is needed – placing the person at the centre of decisions that affect them to achieve the best outcomes, with a **joined-up, coherent and consistent** multi-agency approach regardless of the support needed at any stage of life.

GIRFE is part of the Preventative and Proactive Care Programme, part of the Care and Wellbeing Portfolio





Principal Care Team
Services that have an ongoing or enduring relationship with clients and who should meet regularly as an Multi Disciplinary Team – *likely to be involved with all patients*

Enhanced MDT
Community based services delivered as required by core team or client – *likely to be involved with some but not all patients*

Specialist Services
Specialist or emergency care either in secondary care or the community. These may link in to Core MDTs on request for specific issues – *likely to be involved for episodes of care*

GIRFE Principles

⇒ I have the information that I need to make decisions about my own health and social care, and I am trusted to know what is right for me.

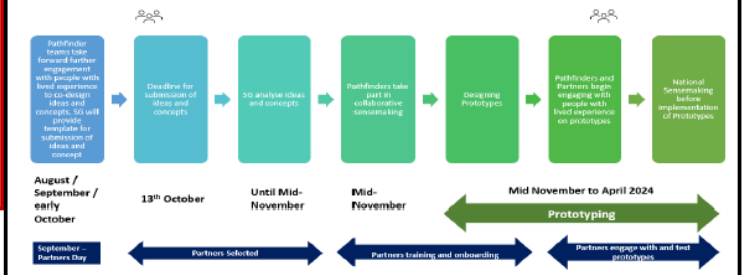
⇒ The people who support me take the time to listen and understand me as a person and we consider my whole life when making decisions about my health and social care.

⇒ I know that I can be clear about what matters to me, and I trust that my choices will be respected and understood by the people who support me.

⇒ Treating everyone with kindness, dignity and respect is the foundation of my health and social care support.

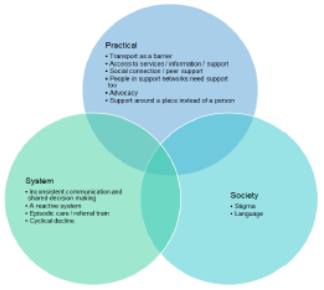
⇒ The people involved in the conversations around my health and social care support work together with me to share information and develop a clear understanding of how to support my wellbeing.

GIRFE Timeline and Milestones



GIRFE Co-design and Pathfinders

- GIRFE is being co-designed
- There are five GIRFE thematic areas: Families with multiple and/or complex needs; and young people in transition from GIRFEC to GIRFE; Older People and Frailty; People in Prisons; People registered at Deep end GP Practices; People in Addiction Services;
- 8 pathfinders: East Ayrshire, Fife, Edinburgh, Orkney, Aberdeenshire, Aberdeen City, North Lanarkshire, Angus
- 2 partners: East Renfrewshire and South Ayrshire
- National insights have been developed from 150 person centred journey maps (diagram on right)
- A series of "how might we" statements have now been developed which focus on how might we prevent cyclical decline? This are the basis for the ideation stage of co-design



GIRFE Team

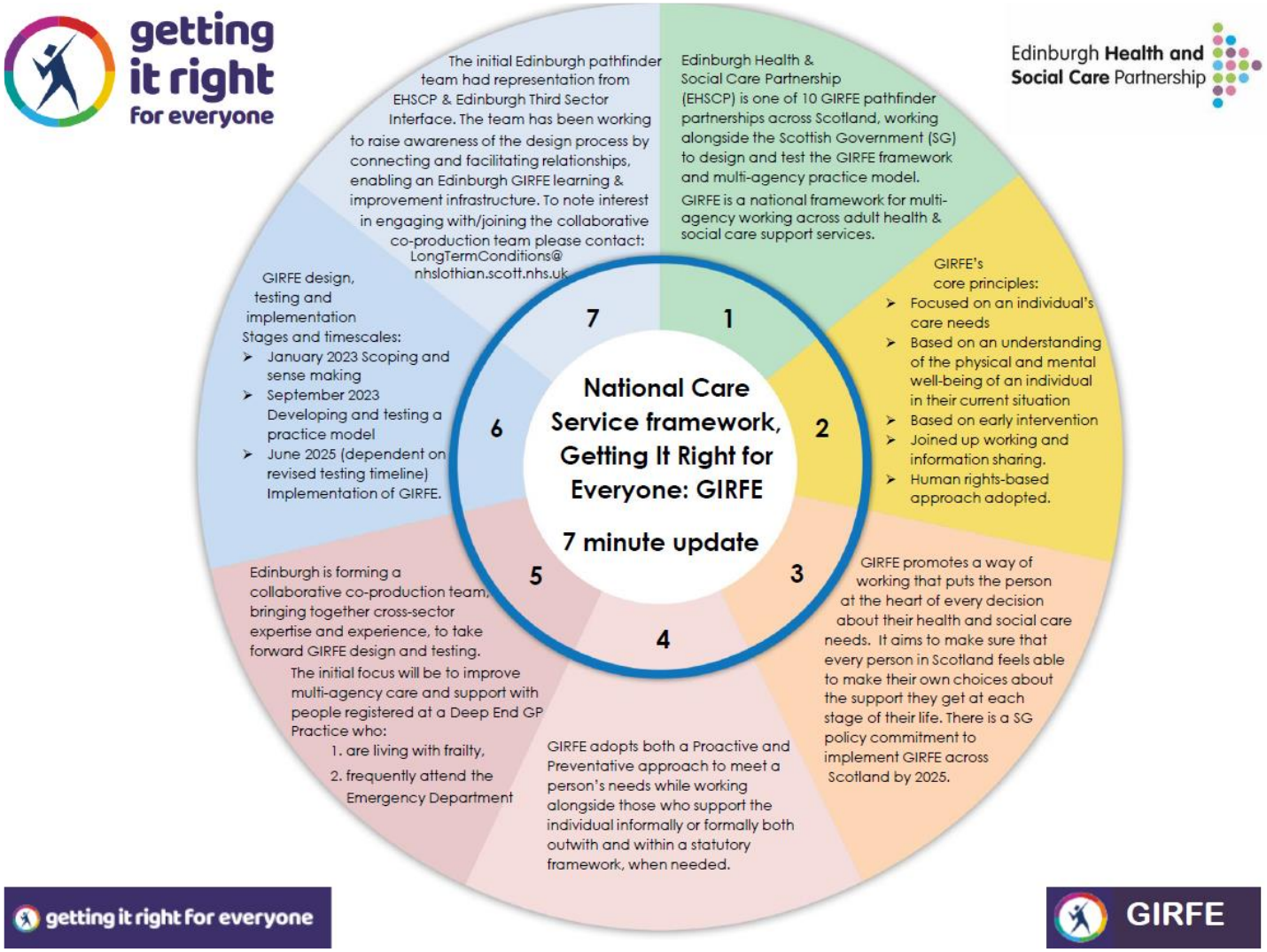
Contact us at: GIRFE@gov.scot
Katie Morris, Getting it Right for Everyone Lead
Grant Laidlaw, Strategic Policy Manager
Hazel Parkinson, Strategic Policy Manager
Rachel Dowle, Head of Strategic Design

Professional Leads:

Joanna MacDonald, Deputy Chief Social Work Advisor
Graham Ellis, Deputy Chief Medical Officer
Carolyn McDonald, Chief Allied Health Professions Officer
Anne Armstrong, Deputy Chief Nursing Officer

For more information, please visit gov.scot/GIRFE

Appendix 2


getting it right for everyone
Edinburgh Health and Social Care Partnership
The initial Edinburgh pathfinder team had representation from EHSCP & Edinburgh Third Sector Interface. The team has been working to raise awareness of the design process by connecting and facilitating relationships, enabling an Edinburgh GIRFE learning & improvement infrastructure. To note interest in engaging with/joining the collaborative co-production team please contact: LongTermConditions@nhslothian.scott.nhs.uk
Edinburgh Health & Social Care Partnership (EHSCP) is one of 10 GIRFE pathfinder partnerships across Scotland, working alongside the Scottish Government (SG) to design and test the GIRFE framework and multi-agency practice model.
GIRFE is a national framework for multi-agency working across adult health & social care support services.
GIRFE's core principles:
Focused on an individual's care needs
Based on an understanding of the physical and mental well-being of an individual in their current situation
Based on early intervention
Joined up working and information sharing.
Human rights-based approach adopted.
GIRFE promotes a way of working that puts the person at the heart of every decision about their health and social care needs. It aims to make sure that every person in Scotland feels able to make their own choices about the support they get at each stage of their life. There is a SG policy commitment to implement GIRFE across Scotland by 2025.
GIRFE adopts both a Proactive and Preventative approach to meet a person's needs while working alongside those who support the individual informally or formally both outwith and within a statutory framework, when needed.
Edinburgh is forming a collaborative co-production team, bringing together cross-sector expertise and experience, to take forward GIRFE design and testing.
The initial focus will be to improve multi-agency care and support with people registered at a Deep End GP Practice who:
1. are living with frailty,
2. frequently attend the Emergency Department
GIRFE design, testing and implementation Stages and timescales:
January 2023 Scoping and sense making
September 2023 Developing and testing a practice model
June 2025 (dependent on revised testing timeline) Implementation of GIRFE.
1
2
3
4
5
6
7
National Care Service framework, Getting It Right for Everyone: GIRFE
7 minute update
getting it right for everyone
GIRFE

Appendix 3: Programme for the day

9.00	Registration and Refreshments
9.30	**Welcome, Reflections, Building On** *Ian Brooke, Deputy Chief Executive, EVOC*
9.50	**An Opportunity for Edinburgh** *Dr Linda Irvine Fitzpatrick, Edinburgh Health and Social Care Partnership*
10.10	**Thinking about people**
10.35	**Volunteer Centre Edinburgh** *Heather Yang, Volunteer Edinburgh*
10.50	Refreshments
11.10	**Thinking about people and places**
11.35	**Enacting our values – Getting it right for everyone** *Anna Wimberley, Edinburgh Health and Social Care Partnership and Stef Milenkovic, EVOC*
11.55	**Thinking about people, places, and pathways**
12.20	**Next Steps**
12.30	**Close**

Appendix 4: Those registered to attend

First Name	Surname	Company
Andrew	Ainsworth	Vintage Vibes
Dawn	Anderson	Pilton Community Health Project
Georgia	Artus	Vintage Vibes
Christina	auld	Home Help Me Care
Jacquie	Balkan	NHS Lothian
Kate	Barlow	NHS Lothian
Ellie	Bird	Constituency Office
Brenda	Black	Edinburgh Community Food
Ian	Brooke	EVOC
Linda	Brown	Blackwood Homes and Care
Sarah	Bryson	EHSCP
Gabriella	Castaneda	Constituency Office
Tania	Chrzanowski	University of Edinburgh
Aga	Ciesla	LinkLiving, Edinburgh Young Persons Service
Sarah	Cleary	Volunteer Edinburgh
Judy	Crabb	Heart of Newhaven
Jane	Crawford	CAPS Independent Advocacy
Fiona	Crichton	EHSCP/NHS Lothian
Audrey	Crilley	
Charlie	Cumming	Edinburgh & Lothians Greenspace Trust
Martin	Danziger	Cyrenians
Richard	Darke	Edinburgh & Lothians Greenspace Trust
Ian	Davidson	Edinburgh Alcohol & Drug Partnership
Kate	Deacon	Media Education
claire	desoldenhoff	Penumbra
Lisa-Jane	Dock	NHS24
Andrea	Donnelly	Care & Repair Edinburgh
Mike	Douglas	Care and Repair Edinburgh
Rachel	Driver	Health in Mind
Marion	Findlay	Volunteer Edinburgh
victoria	fox	Cyrenians
Diane	Francey	Home Help Me Care Ltd
Emma	Gall	EHSCP
Steven	Gillett	REH Patients Council
Kerry	Girdwood	Health in Mind
Pauline	Gray	Visualise Scotland
Rachel	Green	The Ripple Project
Neil	Hargreaves	University of Edinburgh
Stephanie-Anne	Harris	Edinburgh Community Health Forum
Jillian	Hart	Lifelong Learning
Andy	Hook	Street Soccer Scotland
Lewis	Hunston	City of Edinburgh Health & Social Care Partnership
Katie	Innes	ACE IT Scotland

Linda	Irvine Fitzpatrick	Edinburgh Health and Social Care Partnership
Emily	Johnston	VoiceAbility
Sue	Judge	MyLife Home Care
Amy	Karp	Cyrenians Golden Years
Biddy	Kelly	Fresh Start
Evelyn	Kilmurray	CEC
Rachel	King	HIS
Tammy	Kirk	Health in Mind
Ellis	Kokko	CAPS Independent Advocacy
Kelly	Lavery	Wheatley Care
Angela	Lindsay	EHSCP
Tracy	Lowe	EHSCP
Sheena	Lowrie	NHS Lothian - Edinburgh HSCP
Lea	Luiz De Oliveira	Spit it Out
Helen	Macfarlane	
Suz	MacGregor	Voiceability
Rona	MacLeod	Autism Initiatives
Ran	Majumder	Health All Around
Rebecca	Marshall	Salvesen Mindroom Centre
Maureen	Martin	CEO
michele	mason	Change mental health - the Stafford Centre
Fiona	McCabe	Corstorphine Community Centre
Iona	McCann	Art in Healthcare
Debbie	Mclachlan	Penumbra
Kellie	Mercer	caring in craigmillar
Stef	Milenkovic	EVOC
John	Murray	Harbour
Benjamin	Napier	Citizens Advice Edinburgh
Anna	Neubert-Wood	WanderWomen/JNF
Briege	Nugent	
Karina	O'Rourke	EHSCP
Julia	Ossenbruegge	NEECS
Martin	Oxley	Health in Mind
Stephen	Polokus	REH Patients Council
Sandra	Porteous	Right There
Sandra	Porteous	Right There
Simon	Porter	REH Patients Council
Euan	Reid	LinkLiving
Gail	Reid	University of Edinburgh
Claire	Reynolds	SAMH
Ann	Reynolds	NW Thrive Team, NHS Lothian
Helena	Richards	Carr Gomm
Daniel	Richards	Edinburgh community health forum
Susan	Robertson	EHSCP

Andrew	Rockett	LEAP
Tracey	Rogers	EHSCP
M	ROY	LEITH WALK POLICEBOX
Claire	Ryan Heatley	CEC
Joanna	Senew	Home Instead
Andy	Shanks	University of Edinburgh
Rebecca	Simpson	Cyrenians
Bee Asha	Singh Landa	Spit it Out
Katrina	Smith	Edinburgh HSCP
Neil	Stewart	EADP
Allison	Strachan	Care & Repair Edinburgh
Jay	Sturgeon	EHSCP
Kimberley	Swan	FAIR Ltd.
Helen	Tait	Pilton Equalities Project
Richard	Thorniley-Walker	Cyrenians
Derek	Todd	Edinburgh Health and Social Care Partnership
Mark	Upward	The Advice Shop - Edinburgh Council
Jan-Bert	van den Berg	Artlink
Dharmesh	Vyas	
Ryan	Watson	EHSCP
Esther	Wilson	Viewpoint
Anna	Wimberley	EHSCP
Catriona	Windle	Health All Round
Heather	Yang	Volunteer Edinburgh
Jake	Cowpland	Your Home