St Josephs ● Surestart ● Volunteer Midlothian ● Ageing Well ● Alzheimer's Scotland ● Deaf Action ● Parkinson's UK ● HCL ● Into Work ● LCTS ● Trust Housing Association Limited ● Society for the Sacred Heart

MS Society ● Thistle Foundation ● British Red Cross ● CAB Huntingdon's Association ● Artlink ● Enable ● Changeworks ● Health in Mind ● Viewpoint Housing Association Ltd ● One Dalkeith ● Pink Ladies 1st ● Health & Social Care Partnership ● Gorebridge Community Partnership ● PASDA ● Howgate Association ● Ladywood Leisure ● Link Living ● LINKnet ● ELCAP ● Loanhead Miners Club ● Women's Aid ● Food Alliance ● LCiL ● Rape Crisis ● Fresh Start ● People First ● Collective Voice ● Forward Mid ● Cyrenians ● Action Group ● Columcille

MIDLOTHIAN VOLUNTARY SUMMIT

WORKING TOGETHER

● Garvald Macmillan ● MARCH ● Black Diamond FM ● Cruse ● MFCC ● MVA ●MELDAP ● MFIN ● Equal Futures ● CAPS ● EARS ● MAEDT MARC ● Enable ● YMCA ● YWCA ● McSense ● SEAM ● RNIB ● Glencorse Association ● CHSS ● Thera ● ARC ● Veteran's Centre ● Food Bank ● MPEG ● National Mining Museum ● Pathhead Community Organisation ● Rosewell Development Trust ● St David's Bradbury Day Centre ● Shelter ● Grassy Riggs ● Lothian autistic Society ● Lothian Asperger's Society ● Tiphereth ● Autism Initiatives ● Richmond Fellowship ● Places for People ● VOCAL Redwoods ● Kindred ● Ark Housing Association Limited ● Braeside House ● Broomhill Day Centre ● Carr-Gomm Scotland ● Castle Rock Edinvar Housing Association ● Erskine Hospital ● Little Sisters Of The Poor ● Nazareth House ● Neighbourhood Networks in Scotland ● Newbattle Abbey College ● Partners in Advocacy

The Summit brought 60 people together, offering a space for the third and public sectors to explore new ways of working together to achieve the outcomes of the delivery plan, by stopping doing some things and using this capacity to create new asset based community led services.

May 2018

On 30th May 2018, organisations from across Midlothian got together to have a conversation. The following is a summary of the eleven main ideas suggested at this event. Small working groups used their creativity, innovation and experience to develop their ideas, then to make their pitch to sell their ideas. Each participant then voted on their favourites.

The top three ideas are marked with ⭐. The next 3 favourites with ⭐.

The groups came up with many other good ideas which are included in this summary.

MIDLOTHIAN VOLUNTARY SUMMIT

WORKING TOGETHER

Some are some in their infancy and some more developed. All are worthy of further discussion.

Two further workshops are planned for 26th September and 28th November 2018.

11 IDEAS FROM 60 STAFF across MIDLOTHIAN voluntary and statutory sectors

1. Voluntary Sector Hub & Satellite Community connecting resources - in each locality

- **Purpose -** enabling people to access community resources in their own locality, providing information exchange, community space
- Supporting Voluntary Sector organisations to be co-located & working in closer partnership
- **Outcome** - offering & delivering healthier lives, reducing social isolation, creating warmer homes (reducing pressure on frontline services)
- **Opportunity** - Re-distribute resources enabling staff to have a greater preventative impact at local level, supporting people in their own communities, reducing transport demands, bringing skills knowledge & expertise together.
- **LEAD** - Ele Davidson, Lesley Kelly. Lorraine Dilworth and Laura Hill

2. Pilot a 'timebank' to contribute to a more holistic Journey

- **Purpose** - A connected effort between statutory and voluntary and community to better support older people's totality of need, for example focus on Woodburn. A specialist care team to facilitate 21 day home-based assessment.
- **Outcome** - Benefits for patients, prevent re-admission, tackle loneliness, save on resources, improves delayed discharge, relationship bridging between hospital and home, Community cohesion. Social capital. Skills development. Community development.
- **Opportunity** - wiser use of everyone's knowlege and skill and time
  - Better for the person's whole life needs
  - Would use less resource in longer term (Dundee 50% less)
  - Provider funding will need to ensure capacity. Need someone to manage 'whole picture' of resource/support around the person
- **LEAD** - Eric, Lorraine Dilworth, Morag Barrow, Anthea Fraser, Kara Christine, Janette Hope

3. Spaces in the Community

- **Purpose** - to improve use of community assets and increase community involvement in design and delivery of local groups & activities which are important to them
- **Outcome** - communities are more involved in the integration of health and social care through all sectors speaking to each other and sharing resources more effectively
- **Opportunity** - Community spaces are used by communities in a way that works for them and improves usage of community assets and identifies gaps in assets
- Multi use of buildings/use of vacant properties such as RBS Gorebridge
- Involve Communities in deciding what needed
- A coordinated approach to knowing what space is available e.g leasing rooms for one year
- **LEAD** - Table Group 8

4. Strengthen support to vulnerable and isolated women?

- **Purpose** - to support locally based small groups
- **Outcome** - Prevention, self-management, increased capacity and wellbeing for those with substance misuse and mental health issues
- **Opportunity** - Self help model, already exists, can be expanded through our support
- **LEAD - Table group 6**

5. Connecting people and communities - wellbeing in your street

- **Purpose** - taking a community development approach, harnessing the energy and creative strength of people and communities to increase good outcomes for local people
- **Outcome** - Increased connectedness, decrease in isolation, improved mental health, feeling of purpose, people feeling empowered, increase in activity, peer support.
- **Opportunity** - Engage people not in touch with services, build community capacity and improved health, better links with other services e.g walking football & Rowan & Ageing well. Ground upwards approach
- Imaginative Communication
- **LEAD** - Table group 7

6. Making better use of over the counter technology such as Alexa

- **Purpose** - Enhance each community's ability to engage with use of technology. making SMART technology work for people and the community
- **Outcome** - More efficient use of resources
- **Opportunity** - Information exchange (how are people already using this), Intergenerational volunteers to train and support. promote safe practice
- **LEAD** - Table group 2

7. Enhancing Wellbeing - integrating physical health, food and health and mental health

- **Purpose** - Pulling resources together to develop a new model - mapping/survey - specific seminar to take forward. Support voluntary organisations to access funding re health inequalities
- **Outcome** - Improving system - holistic approach to health & wellbeing, key area across all of the Delivery plan. Better collaboration
- **Opportunity** - Improve capacity of Voluntary sector, More responsive and person centred, using technology. Pulling all the strands together.
- Test of change opportunities
- Collaboration with Community planning
- Great spaces in Mid - why are people not using these
- Peer support
- Taking a wider view of health matters
- **LEAD** - Table group 2

8. Reciprocal Social Opportunities to reduce social isolation and loneliness for adults

- **Purpose** - Create a sustainable model for reducing social isolation/loneliness through volunteering
- **Outcome** - Increase confidence and self esteem and reduce health inequalities, support people to get employment. 'Something to get out of bed for' (David, Service user), more intergenerational groups
- **Opportunity** - Volunteer Midlothian. Equal Futures. Identify any funded support currently targeted at service users volunteering. CAT Hubs. Multi user groups - integration.
- Disclosures and transport may be barriers to smooth running
- **LEAD** - Table group 3

9. Co-location of services across H & SC - Voluntary & Statutory

- Purpose - improved integrated working across organisations to support improved outcomes for population of Midlothian
- Outcome - More accessible services that support a coordinated approach to self-management across all aspects of H & SC areas.
- A collective approach to prevention - (underpinning principle)
- Collaborative commissioning
- Wellbeing centres in each locality
- Local events to communicate and engage with people
- Opportunity - Reduced builing costs that can be then reinvested in frontline services. Improved communication and joint working
- LEAD - Table group 4

10. Earlier intervention and prevention to reduce falls and fractures

- Purpose - Reduce falls and fragility fractures, increase mortality rates, reduce hospital care, prevent delays in discharge
- Outcome - People live longer, more safely adn independently in own community
- Opportunity - For partnership working earlier to increase self-management
- LEAD - Table group 6

11. Improved Data sharing

- Purpose - sharing of data becomes the norm and is easily achieved within the correct parameters
- Outcome - Self management and prevention, reduction in delayed discharge, reduction in duplication, reduced cost.
- Opportunity - at present there are barriers to partnerhsip working
- LEAD - Table group 6

11 IDEAS from 60 staff across Voluntary and Statutory Services in Midlothian

MORE IDEAS	COMMENTS	Table group
1.3RD Sector and GPs more closely working together	E.G Wellbeing and Red Cross in all localities	Eight
GP information used to target 3rd Sector input	Data sharing issue	
Frail people with mental health issues	Longer term approach needed for funding	
	Service capacity is an issue which needs to be addressed	
Link between Pharmacy and 3rd Sector		
2. Transport is a barrier for some IDEA – increase local access to peer groups - need to address space for groups at same time	MLC use to provide funding for rooms	Eight
3. 3rd Sector feels isolated from H & SC P.	Connections could be better – 700 plus voluntary agencies	Eight
IDEA – locality networking events to include NHS and MLC - start in Danderhall as a pilot.		
4. New models of commissioning – letting go of power	Trust 3rd Sector to deliver outcomes. Collaboration instead of competition. Longer term funding to promote strength in system Reduce bureaucracy Challenge the risks – e.g. data sharing	Seven

5. Single point of contact – peer to peer support	One number – anyone can use to find out what is available in Mid for service user groups e.g older people	One
6. Winter time Bank	Portal where volunteers can say what time they have available	One
7. Alliance Contracting	Looking overall at what agencies need for development etc. look at needs and what the agency is being contracted for, not just hours	One
8. New relationships between contracting and commissioning	Look outward and allow organisations to get together and look at how they would jointly problem solve……need resilience and availability and reliability Need to address how we recruit and retain care staff – Care Academy, Induction, Shadowing	
8.Expanding good current practice across Midlothian. E.g. Rowan, Ageing Well	Sharing expertise. Partnership becomes the norm. Partnership needs to let go of the control and be prepared to share the risks. Need to challenge the risks e.g. data sharing	Seven
9. Supporting small groups	Small grants for initiatives supporting sharing of resources and venues and spaces	Six
10. Food co-op, based in a Voluntary sector Hub	Creates greater opportunities for joint working. Co-op sources high quality food from many places as catalyst from change cooking, selling, access, reduce social isolation	Five
11.Community based clinics – using pharmacies perhaps – first port of call rather than GP	Another way of freeing up GPs. Maybe change pharmacy contracts to offer advice/prescription.	Five
12.Fuel Poverty	Start seeing this as a key issue related to health and wellbeing. Develop 'fuel banks' as a partnership	Five

13. Developing digital skill in the community SEE MAIN MENU OF IDEAS number 6	IT centre of excellence – what does this mean for the wider community Support people to apply for benefits on line Enable access to SMART devices – house visits and support	Two
14. Gender based Inequalities	Is there more we can do? Peer led learning – women learning manual/practical skills. Mixing gender stereotypes. Vocational training opportunities.	Two
15. Assistance with gardening	Use of Volunteer groups for gardening. Query Insurance issues	Two
16. Increase in employer supported volunteering – NHS and Council	Increase in opportunities to volunteer evenings and weekends	Three

TH June 2018