

Putting people first: how health and social care in Scotland can be different



Your hosts today will be:



Diana Hekerem, Head of Transformational Redesign Support – ihub



Dee Fraser, Chief Executive, Iriss

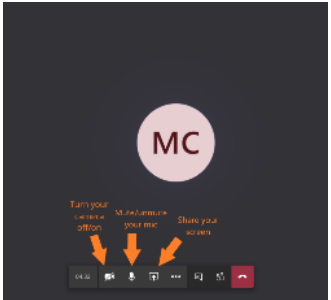
Recording



This session is being recorded (Speakers only)

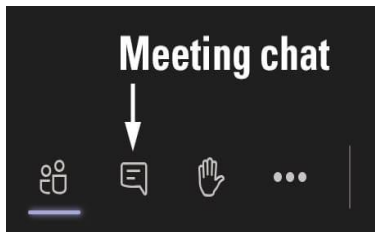
If you have any questions about the use of the recording, please contact the team his.collaborativecommunities@nhs.scot

Housekeeping



Mute your microphone and have your video off on entry and throughout the meeting. To give an update

- unmute your mic
 - turn your video on
- and then*
- mute your mic
 - turn your video off



Questions will be submitted from the audience via the MS Teams chat which will be monitored by ihub staff.



A more detailed electronic follow up survey will be sent via email to help us plan for future sessions.



Technical support please contact:
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Agenda

13:00 **Introduction and welcome** - Diana Hekerem, Head of Transformational Redesign Support – ihub

13:10 **Human Learning Systems as a way to do things differently** - Dr Toby Lowe, Visiting Professor at the Centre for Public Impact

13:35 **How to begin to think about a Human Learning Systems experiment: a Public Health Scotland perspective** - Manira Ahmed, Chief Officer, Public Health Scotland and Claire Sweeney, Director for Place and Wellbeing, Public Health Scotland

13:45 **Human Learning Systems in practice - examples from the real world Commissioning at a person level: Gateshead** - Mark Smith, Director of Public Service Reform, Gateshead Council

Effectively commissioning community resources - Heidi Tweedie, Social Movement & Enterprise Lead, Moray Wellbeing Hub CIC

Commissioning at a place level: Plymouth - Gary Wallace, Public Health Specialist, Plymouth City Council

Creating an HLS experiment - Susan Paxton, Head of Programmes with Scottish Community Development Centre & CHEX and Biddy Kelly, Managing Director, Fresh Start (Scotland)

Implications for national level: Finland - Olli-Pekka Heinonen, Director General of the International Baccalaureate and former Director General of the Finnish National Agency for Education

15.00 **Break**

15.15 **Shifting the paradigm for public management** - Dr David Caesar, Senior Strategic Advisor, Health Workforce Directorate, Scottish Government

15.30 **Conversation between speakers chaired by** Dee Fraser, Chief Executive Iriss

15.50 **Q&A chaired by** Dee Fraser, Chief Executive, Iriss

16.20 **Conversations about the case studies** - facilitated groups

16.55 **Event close**



Human Learning Systems as a way to do things differently



Dr Toby Lowe, Visiting Professor at Centre for Public Impact



Centre for
Public Impact
A BCG FOUNDATION

Commissioning for outcomes: putting people first

Toby Lowe, Visiting Prof of Public Management, CPI
@tobyjlowe



Overview

Question:
How can
commissioning help
people create
outcomes in their
lives?

- How is an outcome made?
- The evidence on performance managing for outcomes
- Learning as the management strategy to achieve outcomes
- Creating change - purposeful experiments in doing public management differently





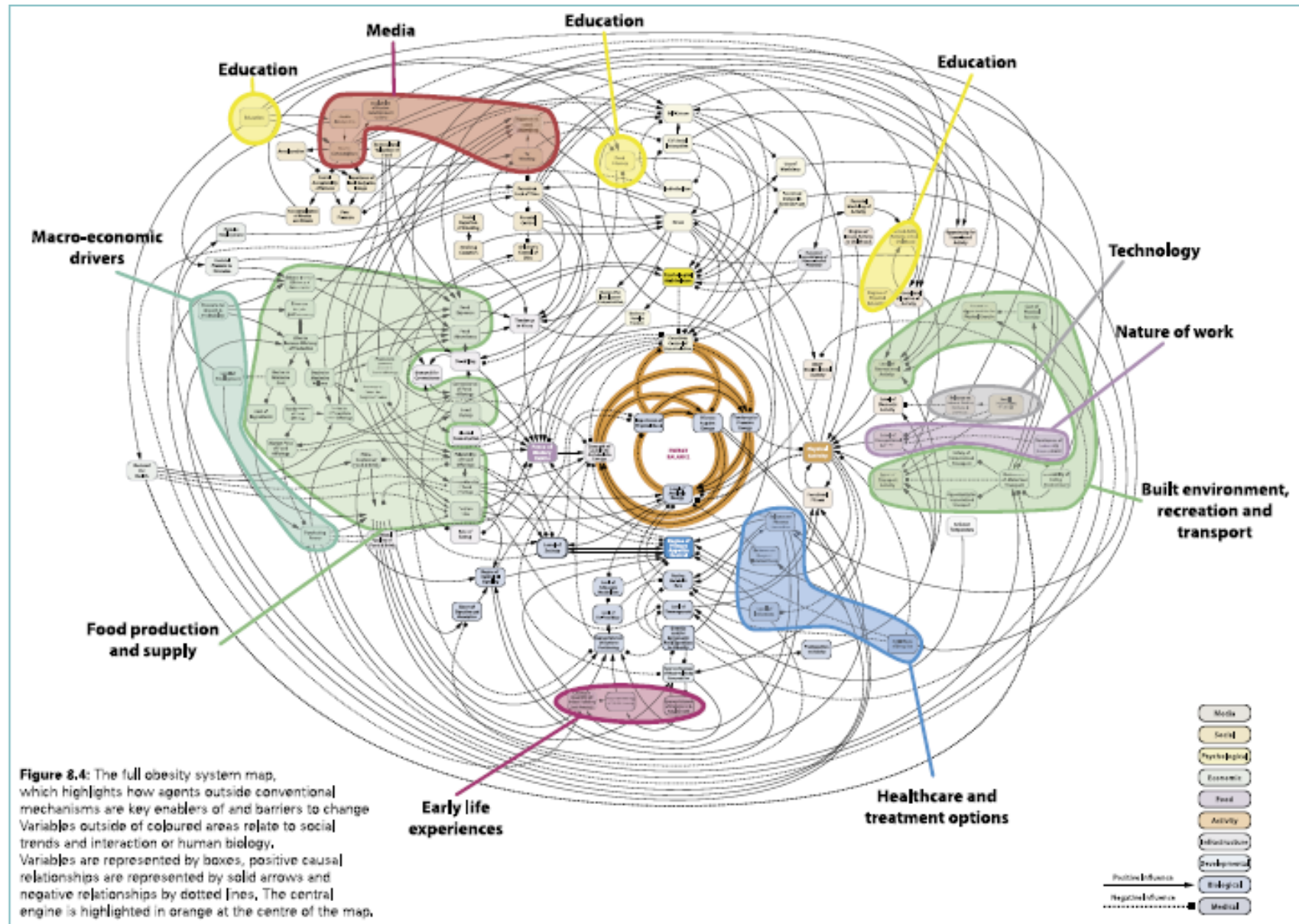
A shared starting point

The purpose of public service is to help people to create good outcomes in their lives

How can commissioning support people to create good outcomes in their lives?



How is an outcome created?

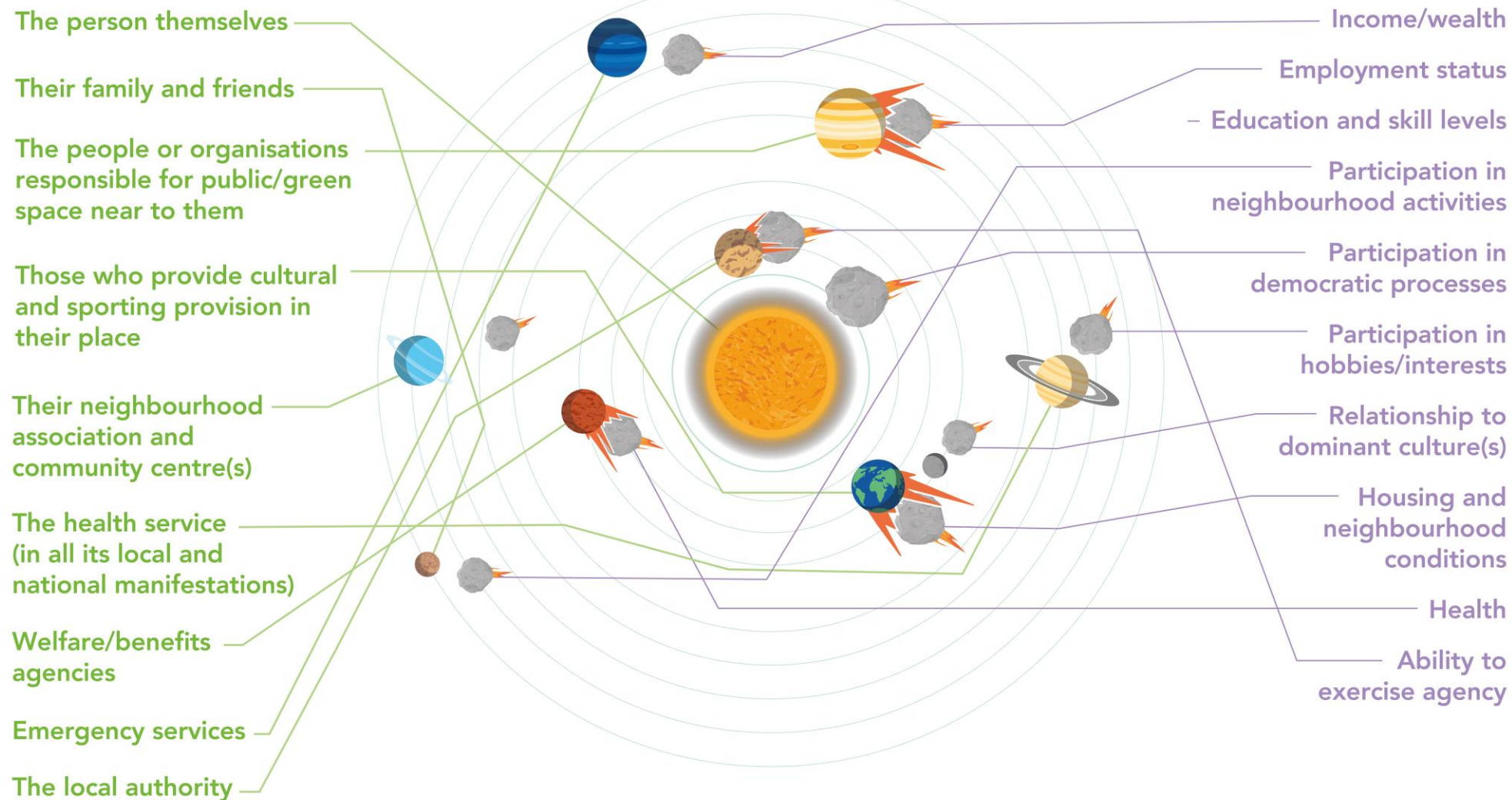




Actors and factors which could constitute someone's "life as a system" that creates the outcome of wellbeing (or not)

Actors

Factors





OUTCOMES ARE NOT DELIVERED BY ORGANISATIONS!

**The outcomes we desire are emergent properties
of complex systems**



Implications for public management

You cannot contract an organisation/programme to “deliver” an outcome

Contracting and performance managing for outcomes holds people accountable for things they cannot control

What happens if you try? Here's the evidence....

“The overall conclusion from international experience of implementing an outcomes approach is that the journey is long and the results are disappointing.”

Wimbush, Erica (2011): “Implementing an outcomes approach to public management and accountability in the UK—are we learning the lessons?”, *Public Money & Management*, 31 (3) pp. 211-218



Gaming

Outcome-based contracting turns everyone's job into the production of good-looking data, not meeting client need.



If commissioners shouldn't seek to purchase outcomes, what should they do?

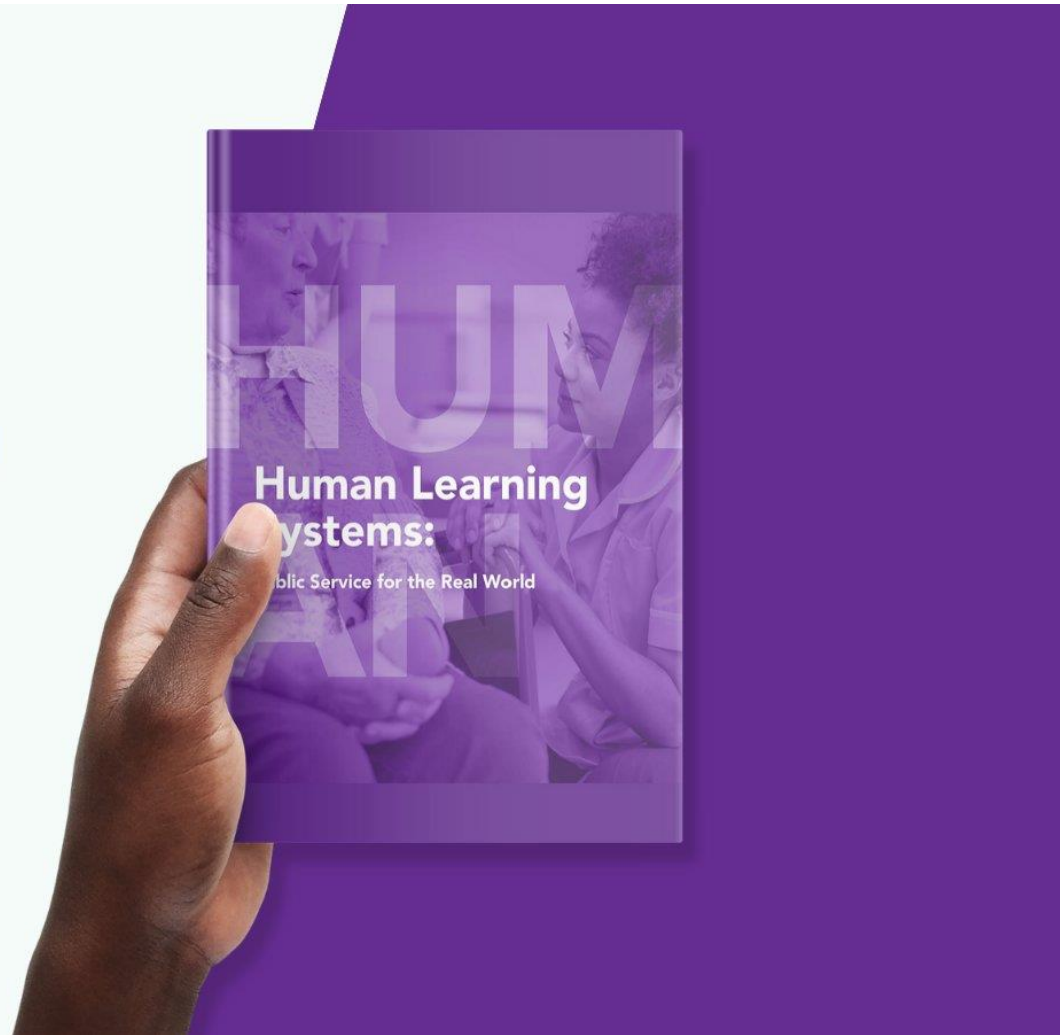
Embrace the complex reality of how outcomes are made





Human Learning Systems

Public service for
the real world



www.humanlearning.systems



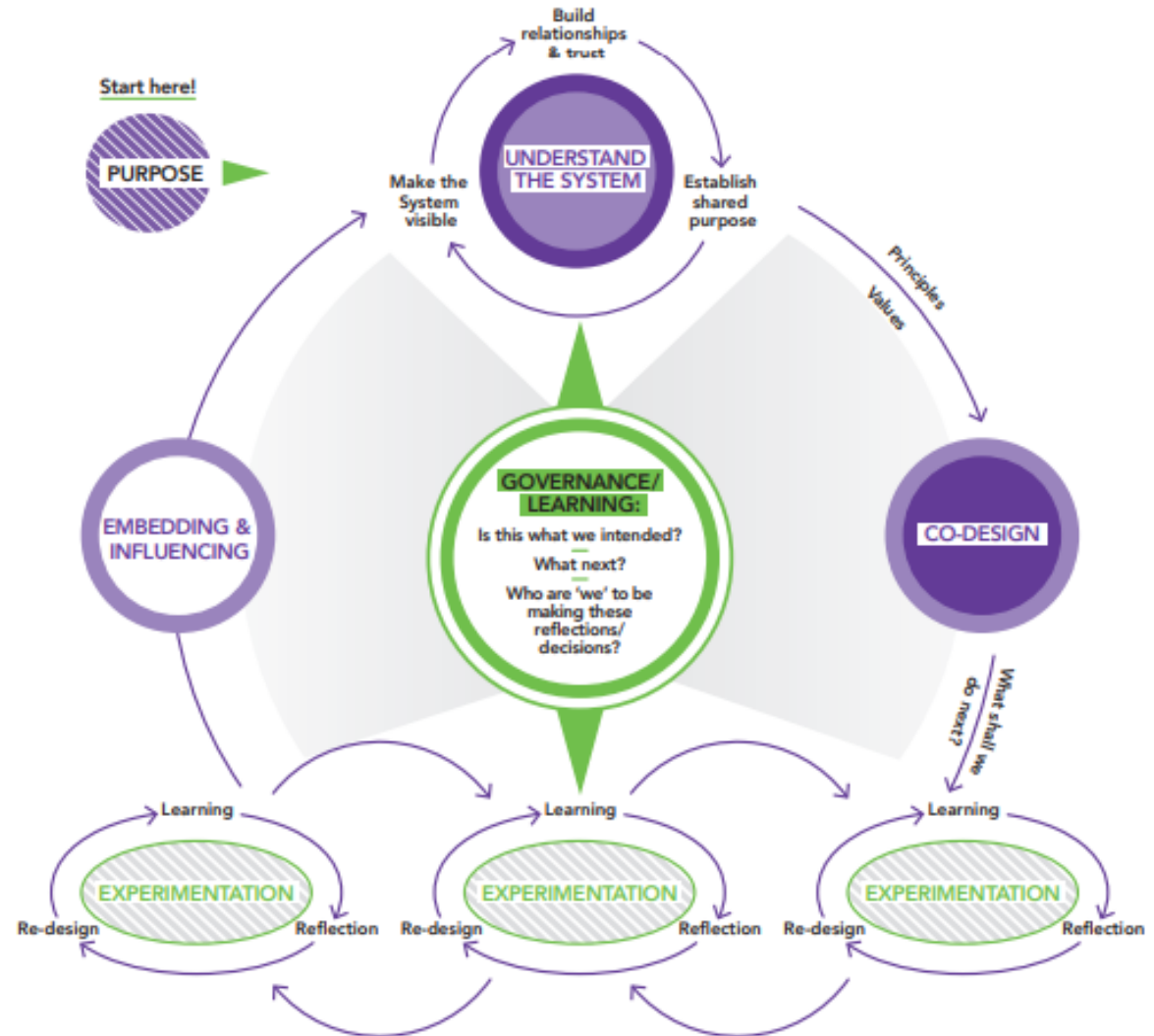
Zooming in:

How is a desirable outcome created
in each person's life?

Learning as management strategy

How could we help someone who experiences chronic pain?

Running a Learning Cycle with each person = Bespoke public service

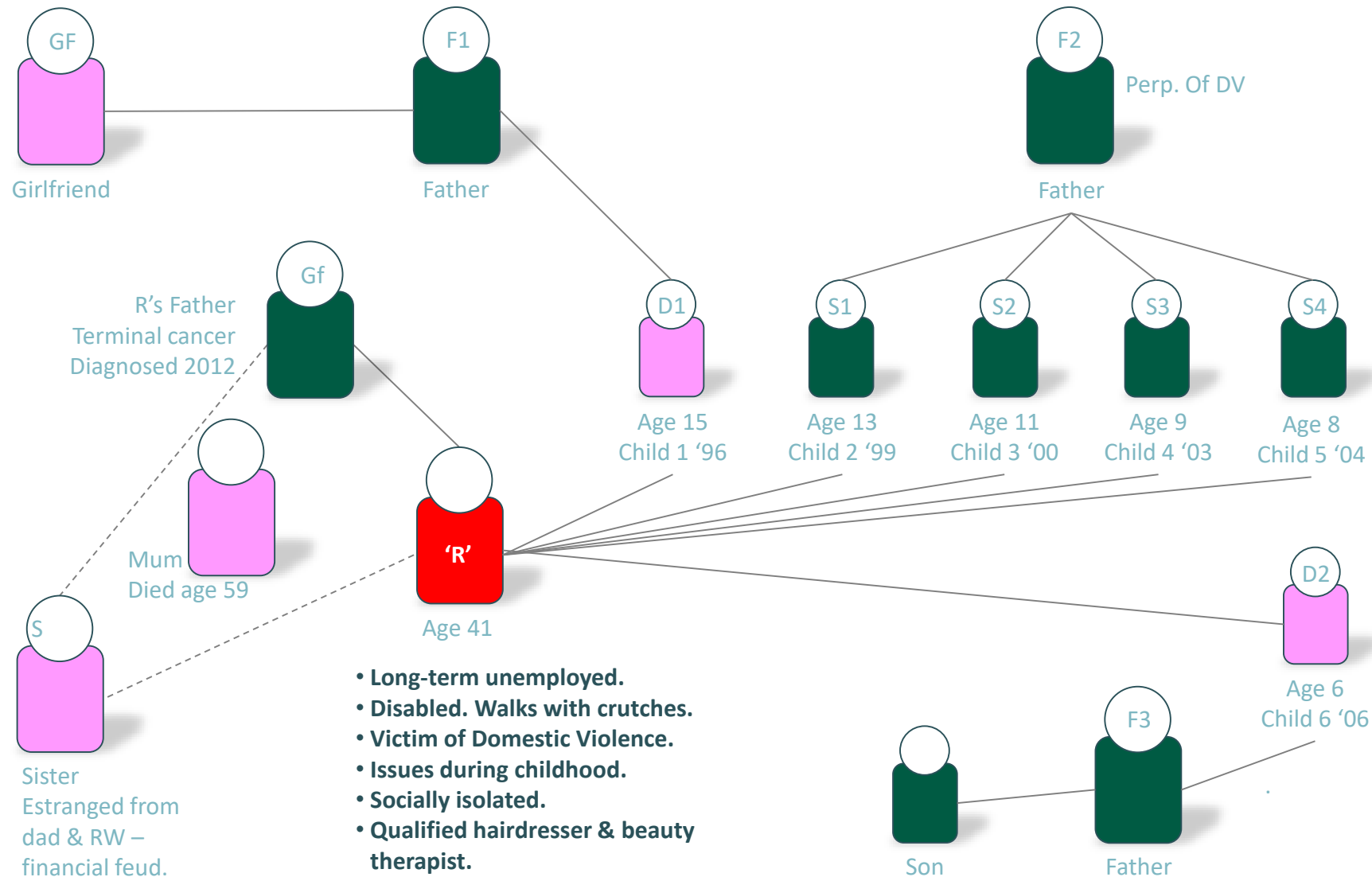




How can public service be **better and cheaper** if it adopts this co-learning relationship to create outcomes?

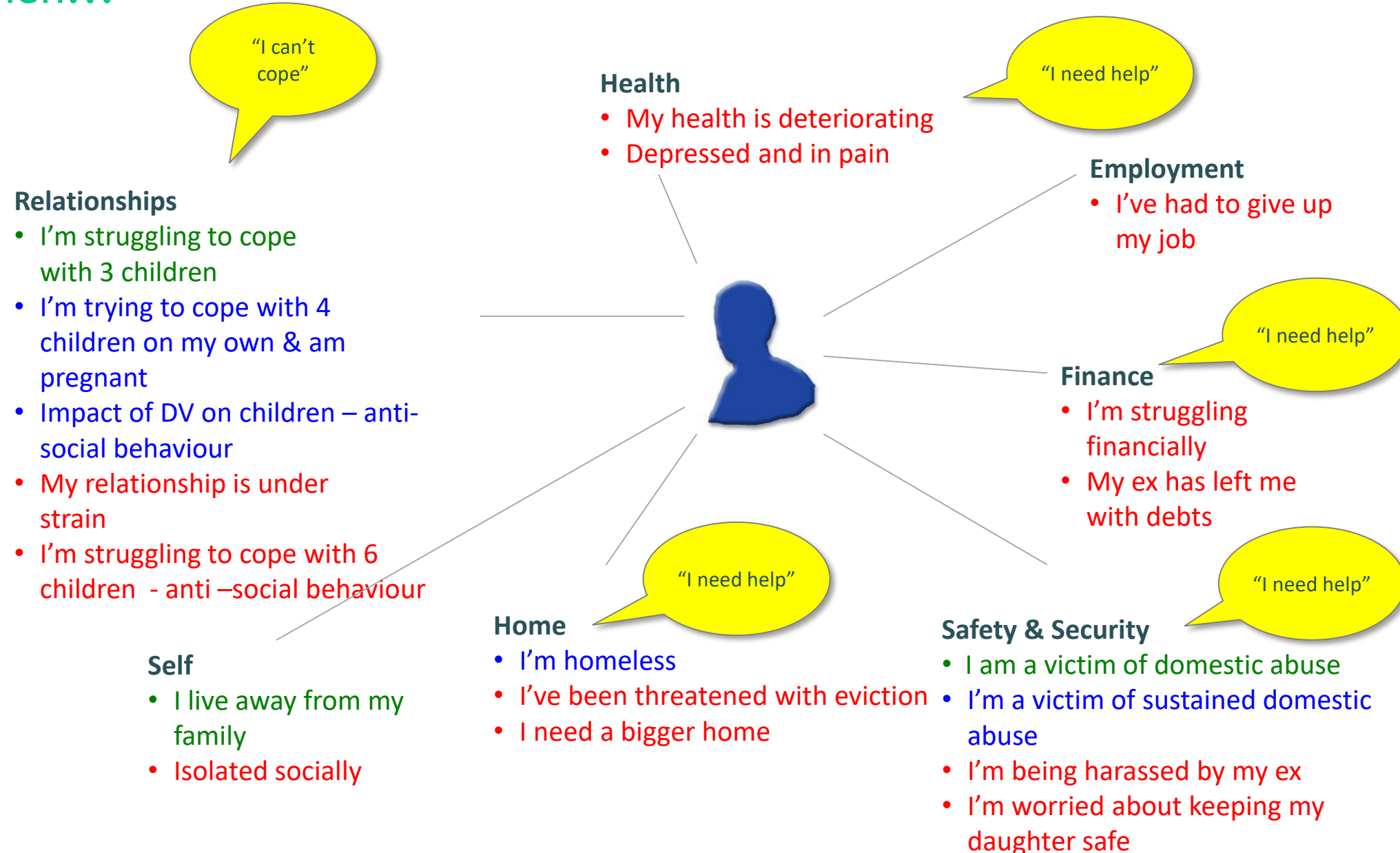
Example from Redditch Council

'R's Family Profile



What did public service know about 'R' & when...

In 2001 In 2004 In 2008



How did public service respond?

What 'R' said she wanted:

- “I need help with housework and...”
- “..gaining access to the upstairs of the property.”
- “The two things that would have such a profound effect on mine and the children’s lives.

What 'R' received:

- 2 x Anger Management Courses for 2 boys.
- Triple P Parenting Programme.
- Help cleaning 1 bedroom.
- Toilet frame, Perching stool & Bath board (for a bath she could not access).
- Children taken into care

How did public service respond?

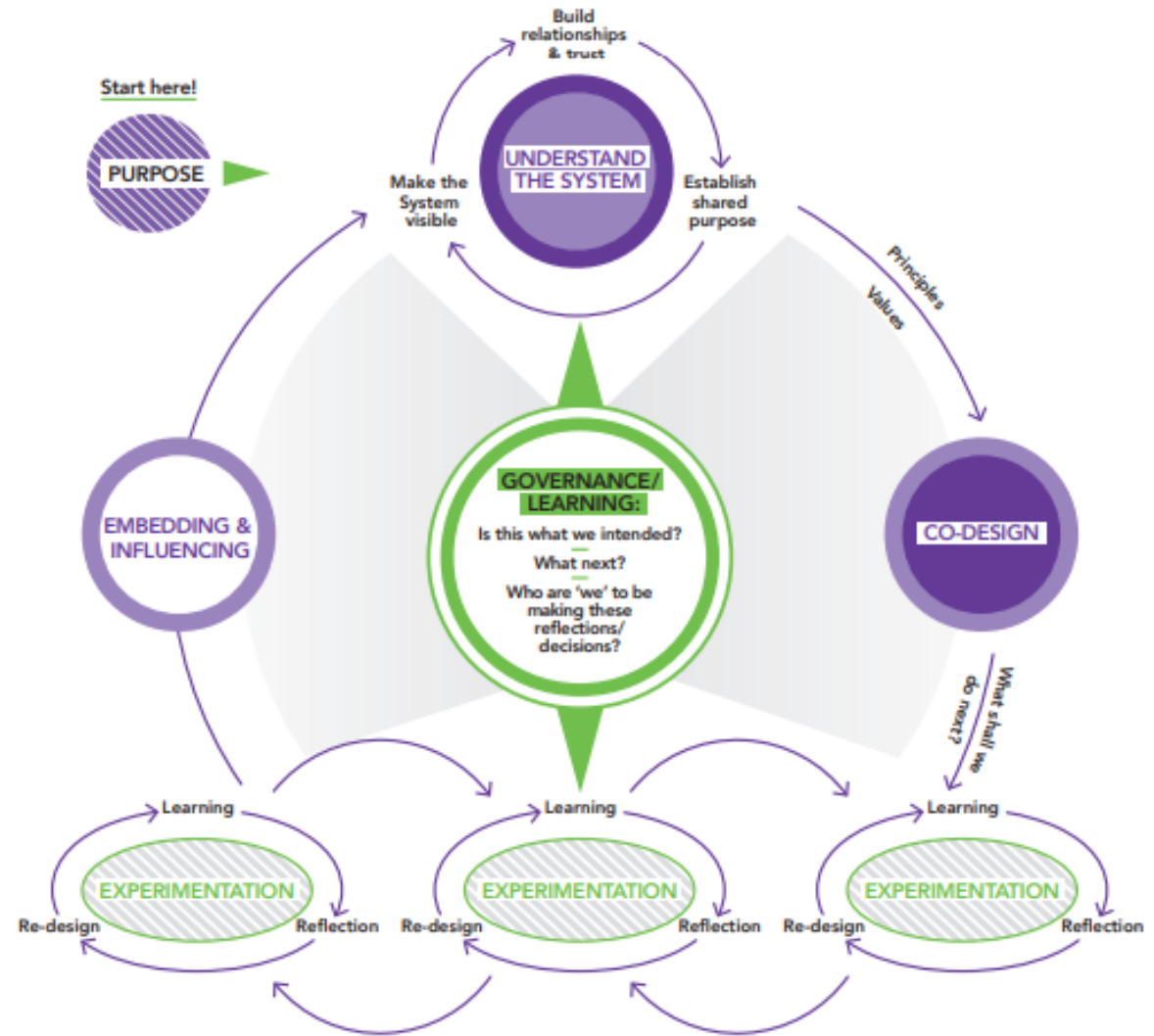
Cost of what 'R' wanted:

Cleaner, 10hrs/wk for 4 years	£14,560
Move to suitable property (current home unsuitable for adaptation)	£1,200
Stair lift	£5,000
Total	£20,760

Cost of what 'R' received to 2009:

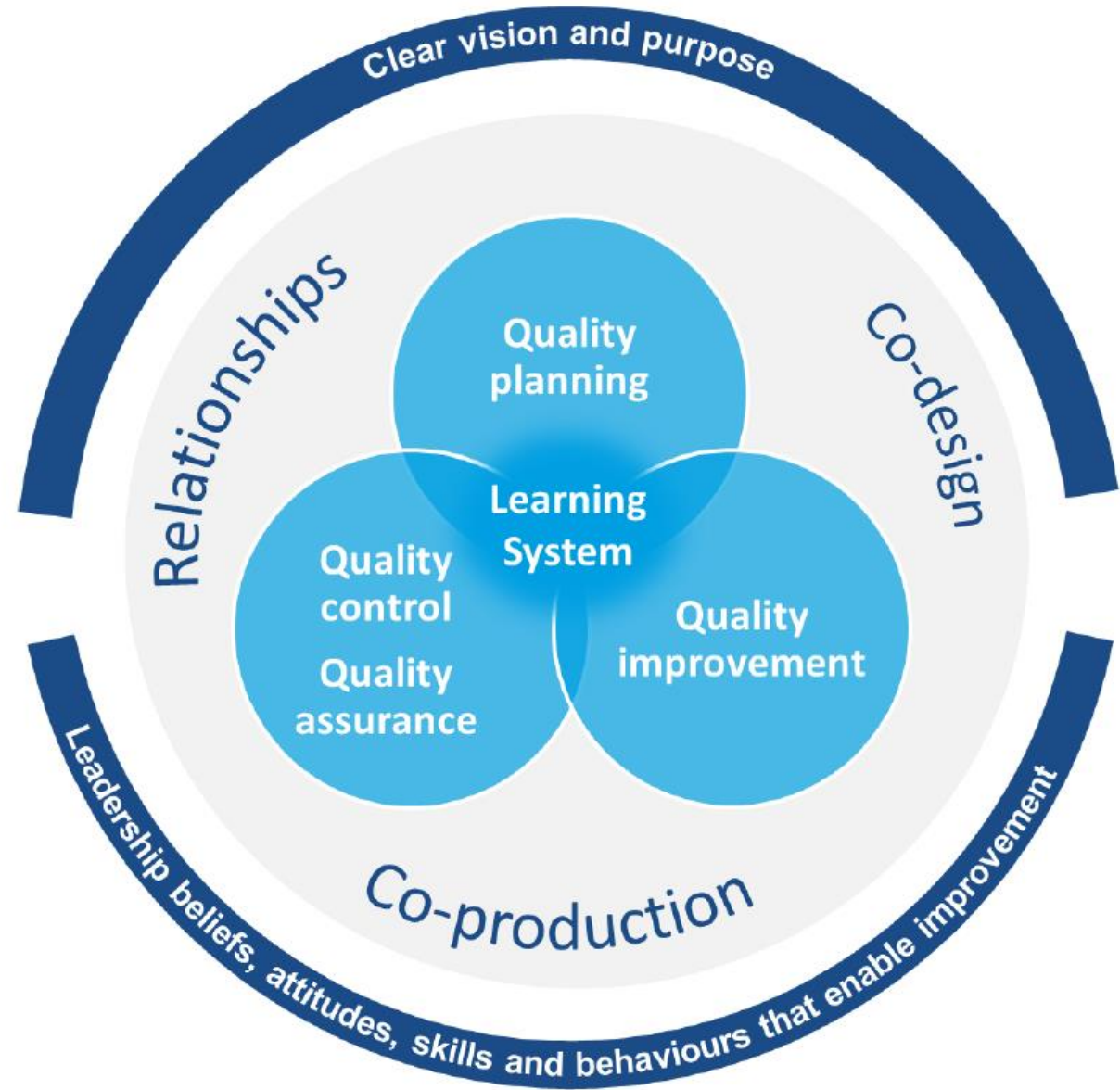
- TOTAL: costs of 'service' offer to R: **£106,777** (not incl care costs)
- Projected total (incl care costs) by 2022: **£780,000**
- **£780,000 spent not helping people, achieving poor outcomes for children and family**

How much better
and cheaper is
public service
when viewed as a
shared
exploration with
the people being
served?



You have key
elements of this
knowledge...

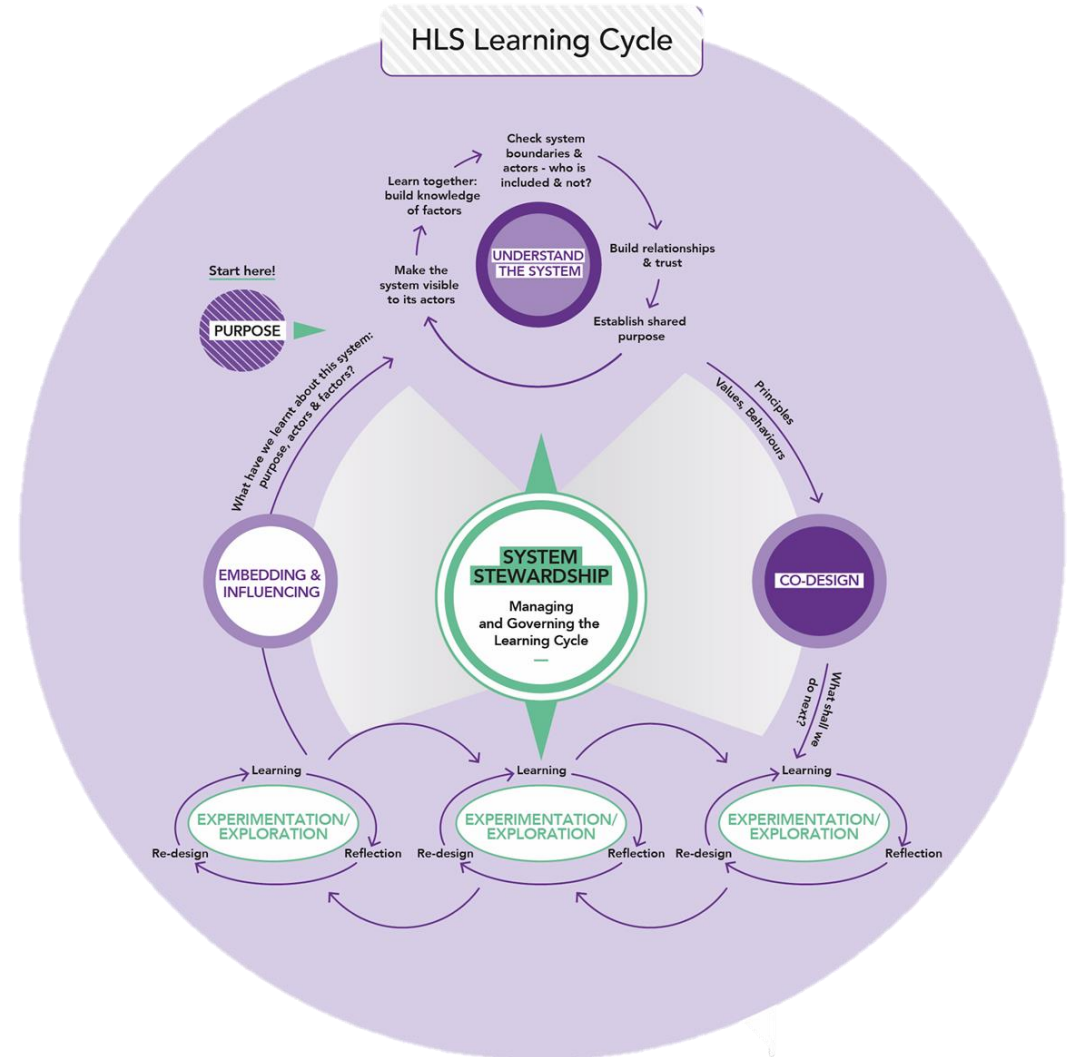
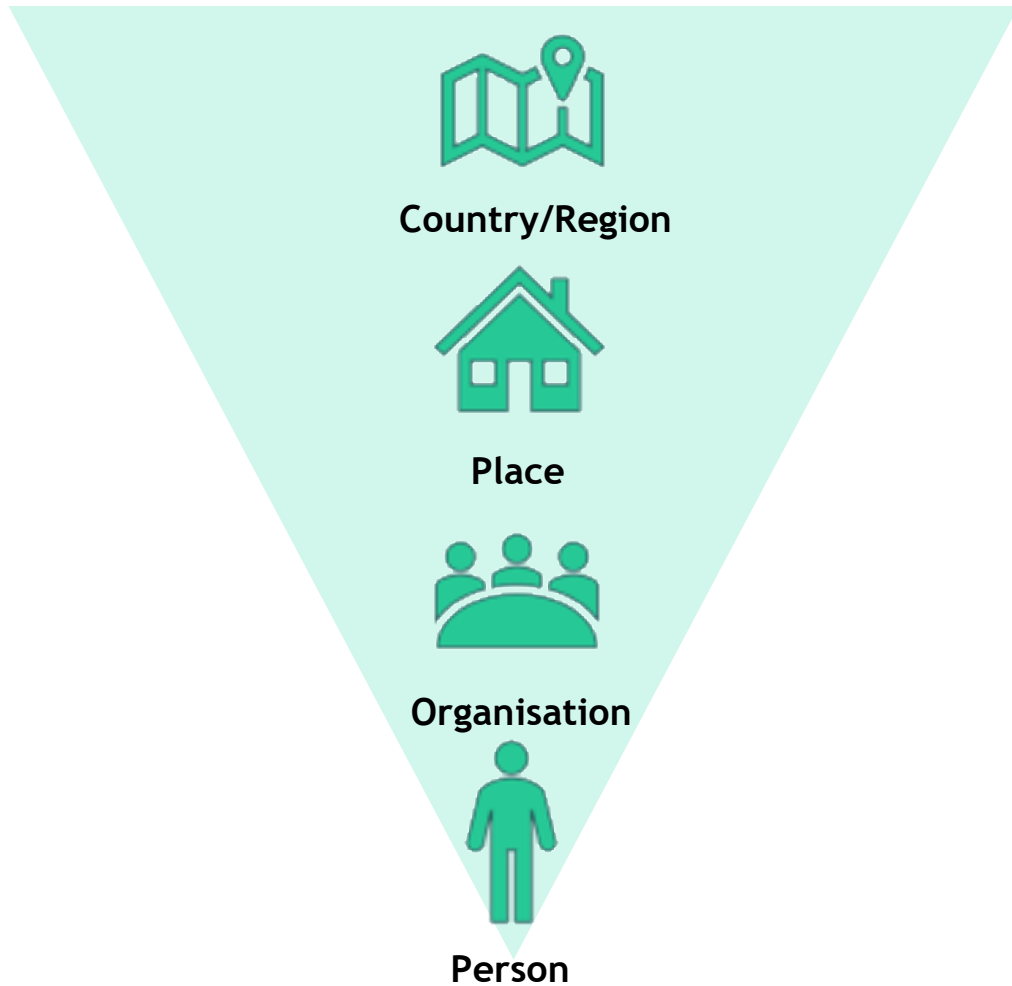
.... e.g.
Healthcare
Improvement
Scotland QI
framework





What can commissioners do?

Commissioners operate at different system scales





The roles of commissioners: organisational scale and above



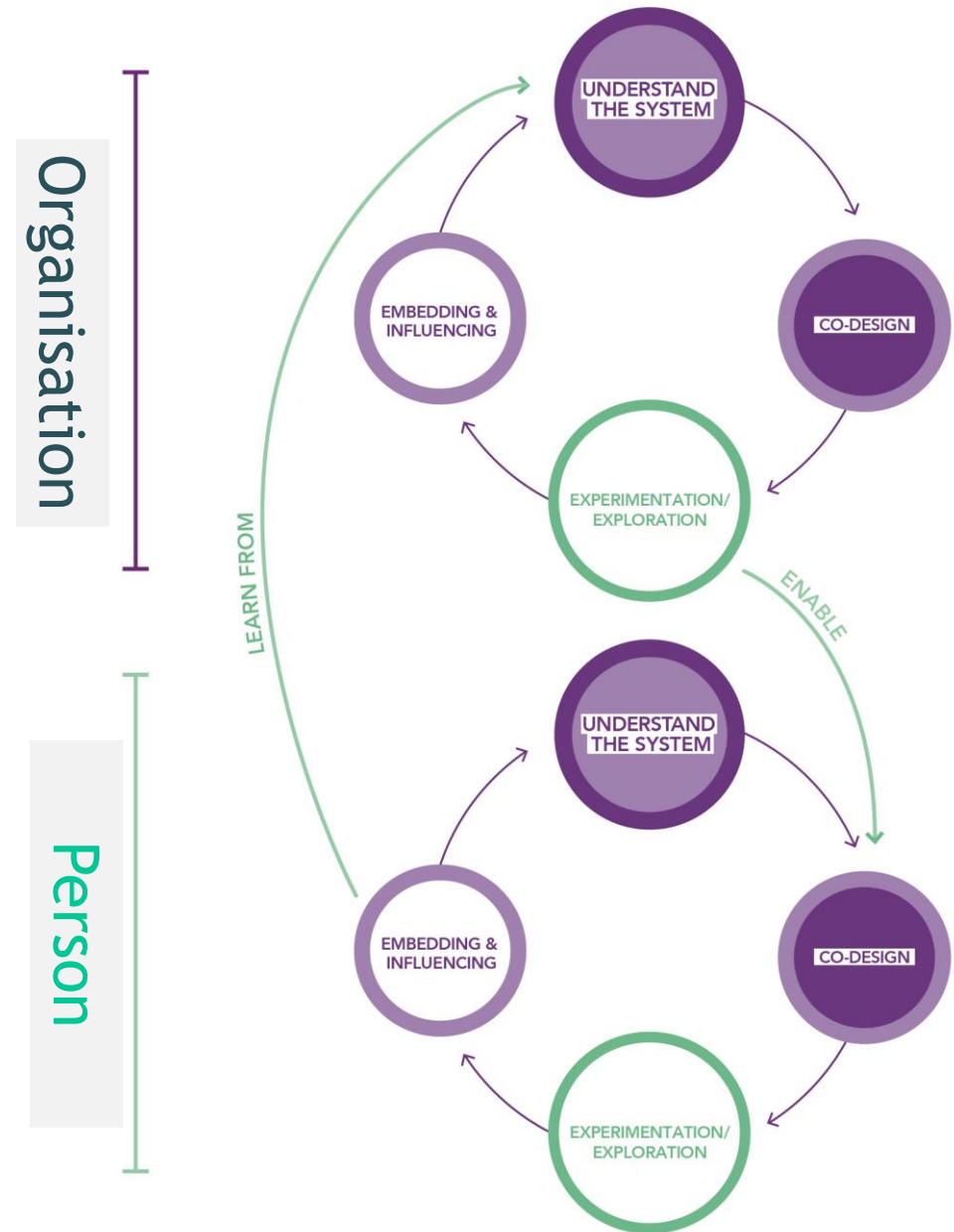
Questions for “organisation” system scale:

“Learning from” questions:

- What patterns do we see from across all the “person’s life as systems”?
- What policies do we need to change to enable change for people?
- e.g. do we need to change how equipment is allocated?

“Enabling” questions:

- What are maximum case loads for workers?
- What information systems do we need?
- What shared reflective practice spaces?
- What staff capabilities?



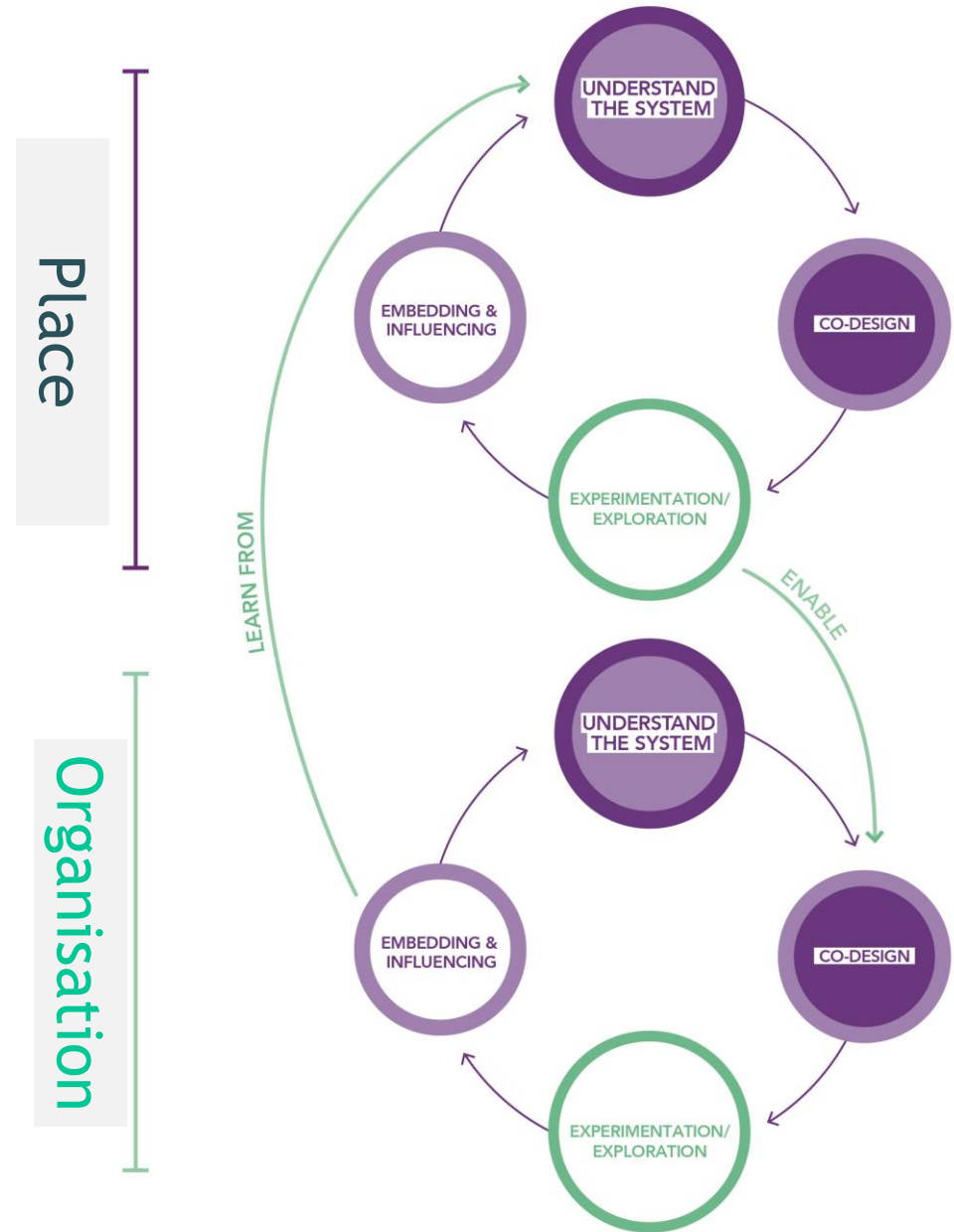
Questions for place system scale:

“Learning from” questions:

- What patterns do we see from across all the organisations as systems”?
- What policies do we need to change to enable change for people?
- e.g. do we need to change how houses are allocated?

“Enabling” questions:

- How do we fund organisations to learn together?
- How do we enable learning between organisations? - e.g. what shared reflective practice spaces are needed?
- What staff capabilities?





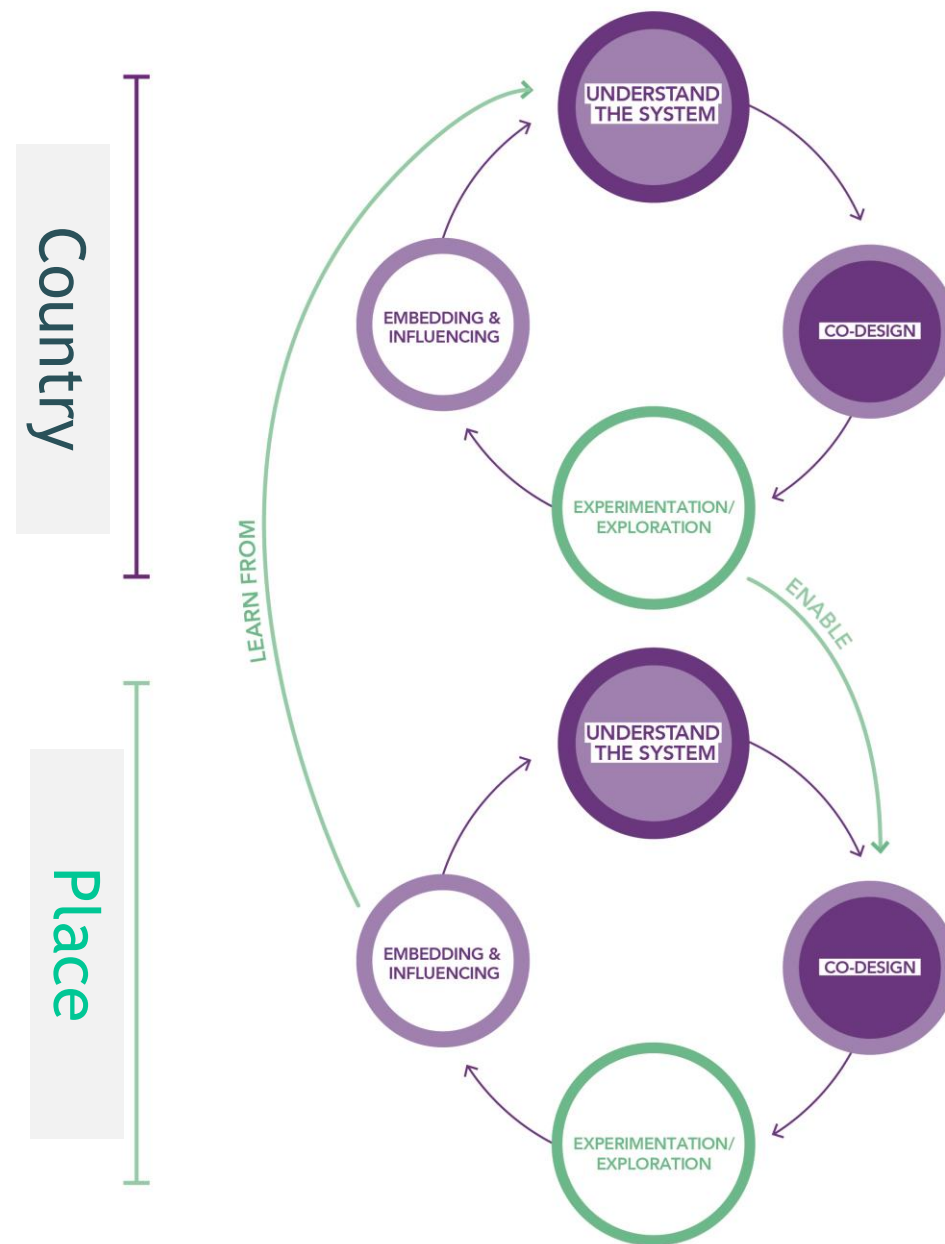
Questions for country system scale:

“Learning from” questions:

- What patterns do we see from across all the places as systems”?
- What policies do we need to change to enable change for people?
- e.g. do we need to change how the benefits system operates?

“Enabling” questions:

- How do we fund places, so that practitioners & organisations can learn together?
- How do we enable learning between places? E.g. what shared reflective practice spaces?
- What are the national workforce needs?



A connected “stack” of Learning Cycles



Country/Region



Place



Organisation

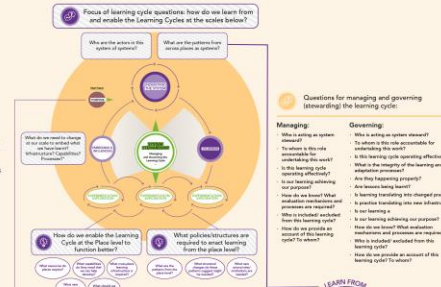


Person

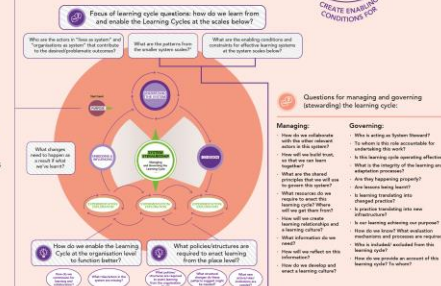
THE LEARNING STACK: LEARNING AS MANAGEMENT STRATEGY AT DIFFERENT SYSTEM SCALES



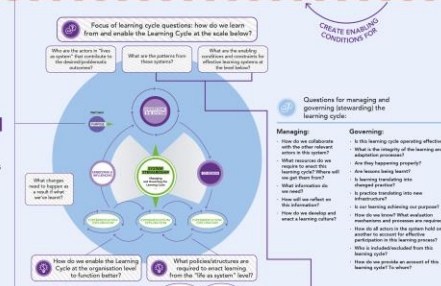
SCALE OF SYSTEM: COUNTRY
ACTORS INVOLVED:
Residents
Street-level public servants
Operational managers
Strategic leaders



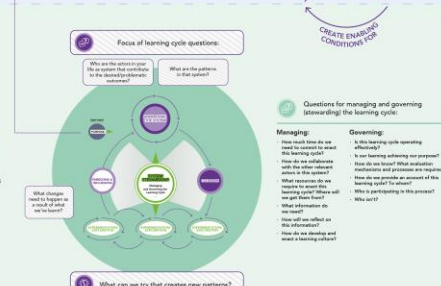
SCALE OF SYSTEM: PLACE
ACTORS INVOLVED:
Residents
Street-level public servants
Operational managers
Politicians



SCALE OF SYSTEM: TEAM/ORGANISATION
ACTORS INVOLVED:
Residents
Street-level public servants
Operational managers
Strategic leaders



SCALE OF SYSTEM: PEOPLE'S LIVES
ACTORS INVOLVED:
A member of the public/
family/community
Street-level public servants



= **Paradigm shift in public management**

Not just a change in commissioning practice, but a change in the **purpose of commissioning:**

From purchases of services to **System Stewards.**

How does change happen?

Experiments/explorations: **action-research into doing public management differently**

How will you experiment?

- Who needs to be involved?
- What actions will you try out?
- What data will you gather?
- How will you make sense of that data, and with whom?



Creating permission-space for your experiment

- Do you really need permission?
- Highlight the evidence around the failings of the current paradigm - **it is impossible (and wasteful) to contract and performance manage for real outcomes**
- Find others who are dissatisfied with the status quo
- Don't try to convince skeptics: you cannot 'prove' that a new paradigm is better
- Build a new reality and invite them in.

Summary



Taking outcomes seriously requires doing public management differently:



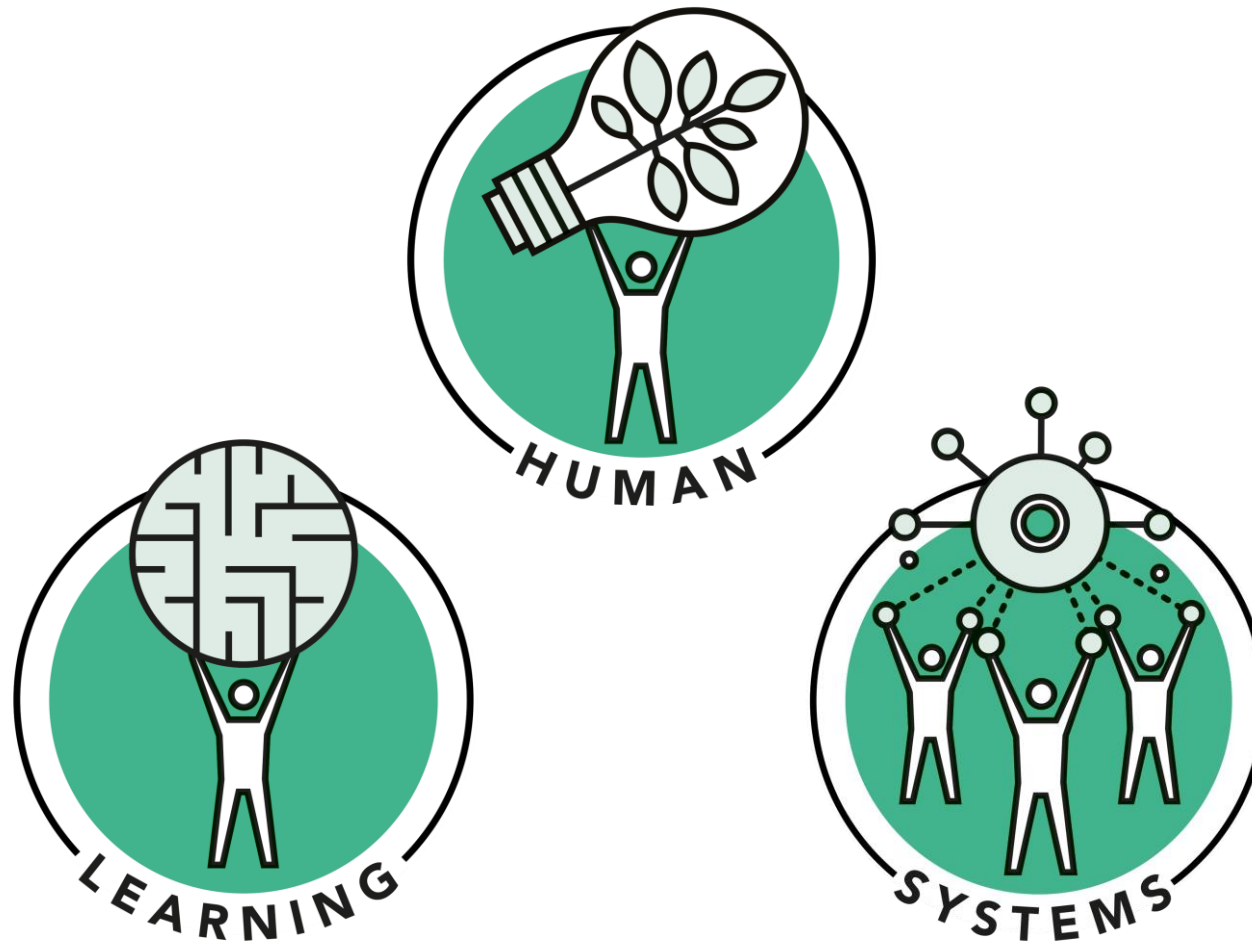
- **Start with the reality of how outcomes are made.**



- **Adopt learning as the management strategy.** As a leader, your primary task is to create learning environments.



- **Apply this strategy to all system scales** - person, organisation, place, country/region.
- Experiments/explorations is how change happens.
- **Payoff: Better outcomes for less money. Happier people.**



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How to begin to think about a Human Learning Systems experiment: a Public Health Scotland perspective



Manira Ahmad, Chief Officer, Public Health Scotland





Claire Sweeney, Director for Place and Wellbeing, Public Health Scotland

Human Learning Systems in practice - examples from the real world

Commissioning at a person level: Gateshead



Mark Smith, Director of Public Service Reform at Gateshead Council



Experimentation at an individual level - helping people to thrive in Gateshead

- Increasing wellbeing
- Reducing demand
- Saving money
- Provoking a new way to learn and change

Mark Smith
SRO, Changing Futures Northumbria
Director - Public Service Reform, Gateshead Council

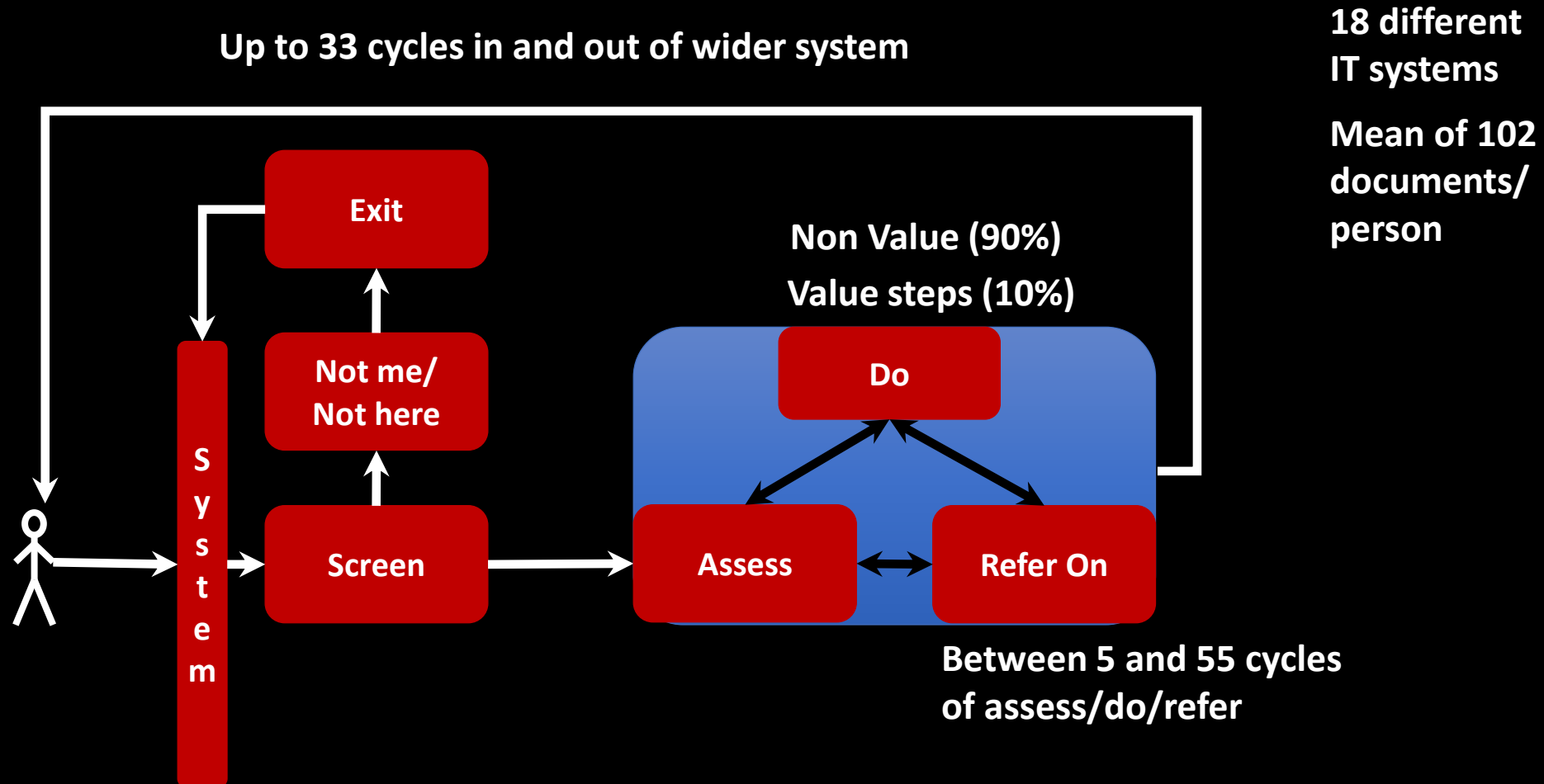
Juliet...

- Council Tax debt, rent arrears
- Single mum, 11 year old child
- Depression, mental health problems
- ASB, fear of neighbour
- Gave up second job as babysitter scared of neighbour
- Overwhelmed by referrals, letters, life
- Bailiffs *added* to the debt
- 'Hiding' – "It's too difficult"
- 30 min walk to new school
- Uniform – couldn't afford it, bullying fear for child
- Child's behaviour starting to worsen, became 'known to services'
- "My life is ****"

Mary...

- Aged 55, lives alone
- Council housing tenant
- Learning difficulties. Wouldn't look up.
- In receipt of benefits, rent taken straight out
- Sister collects the rest, pockets most of it
- House is filthy and cold, TV only source of light
- Psoriasis on head, sores on body, hungry, weak
- Slow cooker only thing that works, neighbours noticed sickness (poisoning via poorly cooked food)
- Gas inspector alerted us...off chance
- 'Off the radar...'
 - Non engagement, now needs to self refer (neighbours tried)
 - "Her right to choose to live like this"
 - Not eligible for support
- GP – glidepath to death

No-one's life was more stable and dependency trended up in most cases



Three years back story....

Do things better ✗

Do better things ✓

Testing better things

- Start somewhere, go everywhere – Debt as a signal
 - Since moved to homelessness, community based exploration

- Dedicated team, multi agency
- Running budget and autonomy to spend it
- Governance based upon learning not directing
- ‘Air cover’
- 2 rules, 4 principles and nothing else

RULES

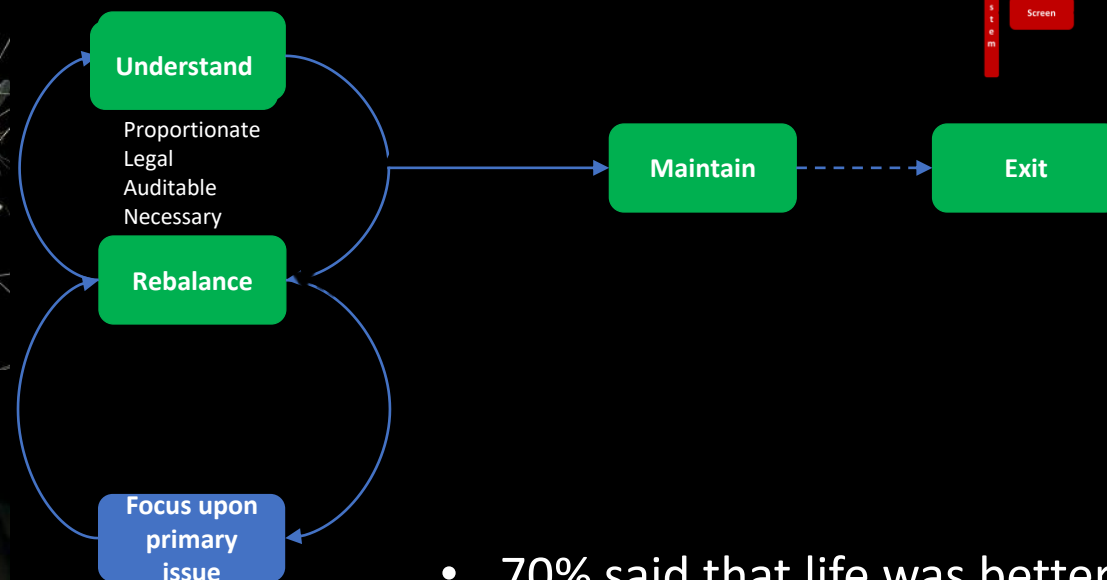
- Do no harm
- Don't break the law

PRINCIPLES

- Understand, not assess
- Pull, not refer
- Decisions in the work, not the leader's office
- No such thing as 'out of scope', no eligibility criteria



85%



15%

- 70% said that life was better
- 60-90% reduction in demand to services
- 90% benefits were 'wrong'
- Prevention – reasonable supposition
 - Children into care
 - Sectioning
 - Loss of employment
 - Eviction
 - Imprisonment
 - Death

Mary...

COST: £3,500 (uniform)
+ 35 visits

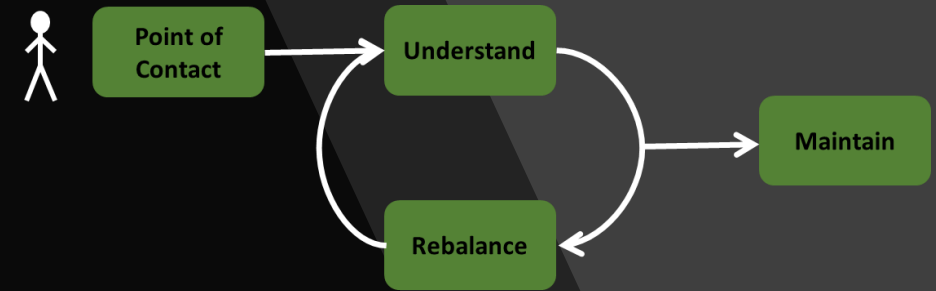
- Pulled assistance from GP, Police, Housing
- Built relationship with Mary, neighbours, local shops
- Helped set up bank account
- Sorted out the house
- Spent time building her confidence, patiently
- She bakes
- She looks up
- She visits the shops who keep an eye out
- The neighbours can relax
- She closed her 'case', not us

RULES

- Do no harm
- Don't break the law

PRINCIPLES

- Understand, not assess
- Pull, not refer
- Decisions in the work, not the leader's office
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Juliet...

COST: £90 (uniform)
+ 6 visits and 9 phone calls

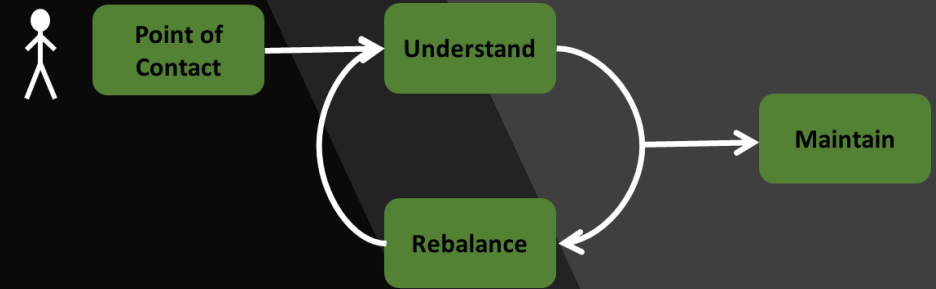
- Debt as trigger, explored context with visit
- Benefits were wrong – ate into debt
- Helped move closer to school
- Helped with uniform
- CAB helped with rest of debt
- Sister helped to support emotionally
- Took on more hours at work
- Training for qualifications
- Child settled down at secondary school
- “Thank you for making my family happy”

RULES

- Do no harm
- Don't break the law

PRINCIPLES

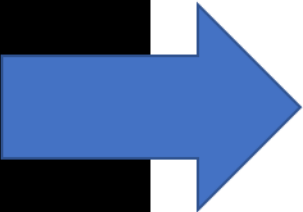
- Understand, not assess
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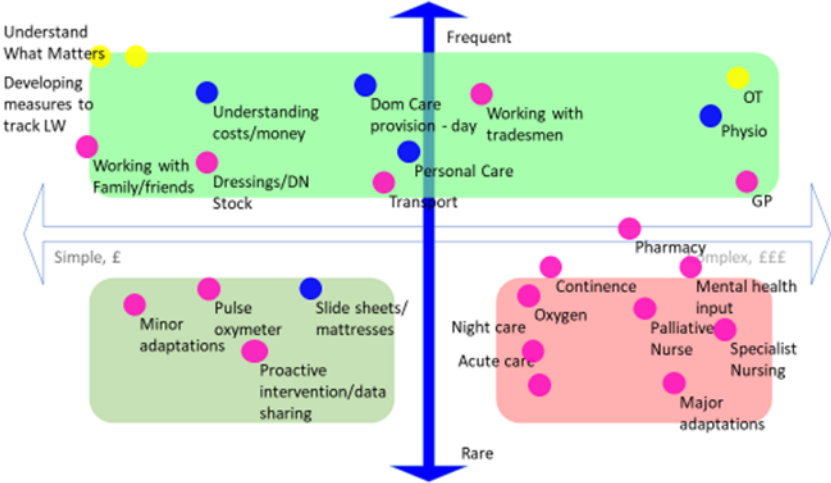
Good measures come from good questions...

Central Questions	Impact on Citizens	Efficiency	Cost	Morale	
Localities	What will have the best impact upon those we're supporting?	How easy/difficult is it to work upon what matters to people?	What has it already cost to get to where as citizen is now?	What would make this work great to do for staff and volunteers?	This is information required to focus work done in locality teams, aka <i>leading measures</i> . They are 'leading' as they guide the work but do not assess it.
Leadership	How well is our work working for citizens? Why?	What makes it difficult and how can we change that? What good can we build upon?	What has it cost to do what we're doing? What cost did this potentially prevent?	What impact is what's happening having on staff and volunteers? Why?	Information required to focus work for system leaders, aka <i>lagging measures</i> . They are 'lagging' as they evaluate the consequences of the work after the fact, so improvement and focus is where it is needed.

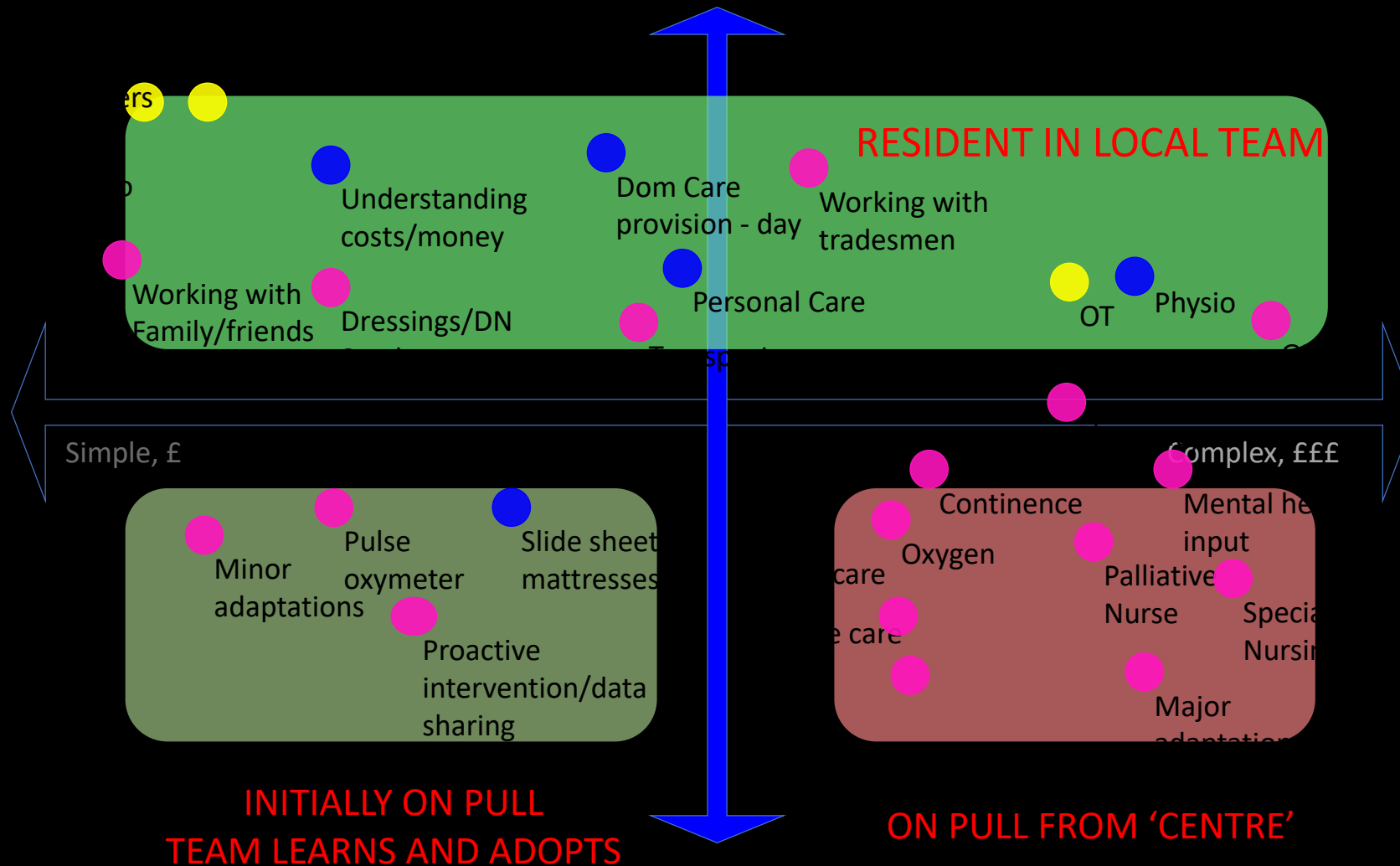
Activity	Frequency	Complexity



Learning from our cases



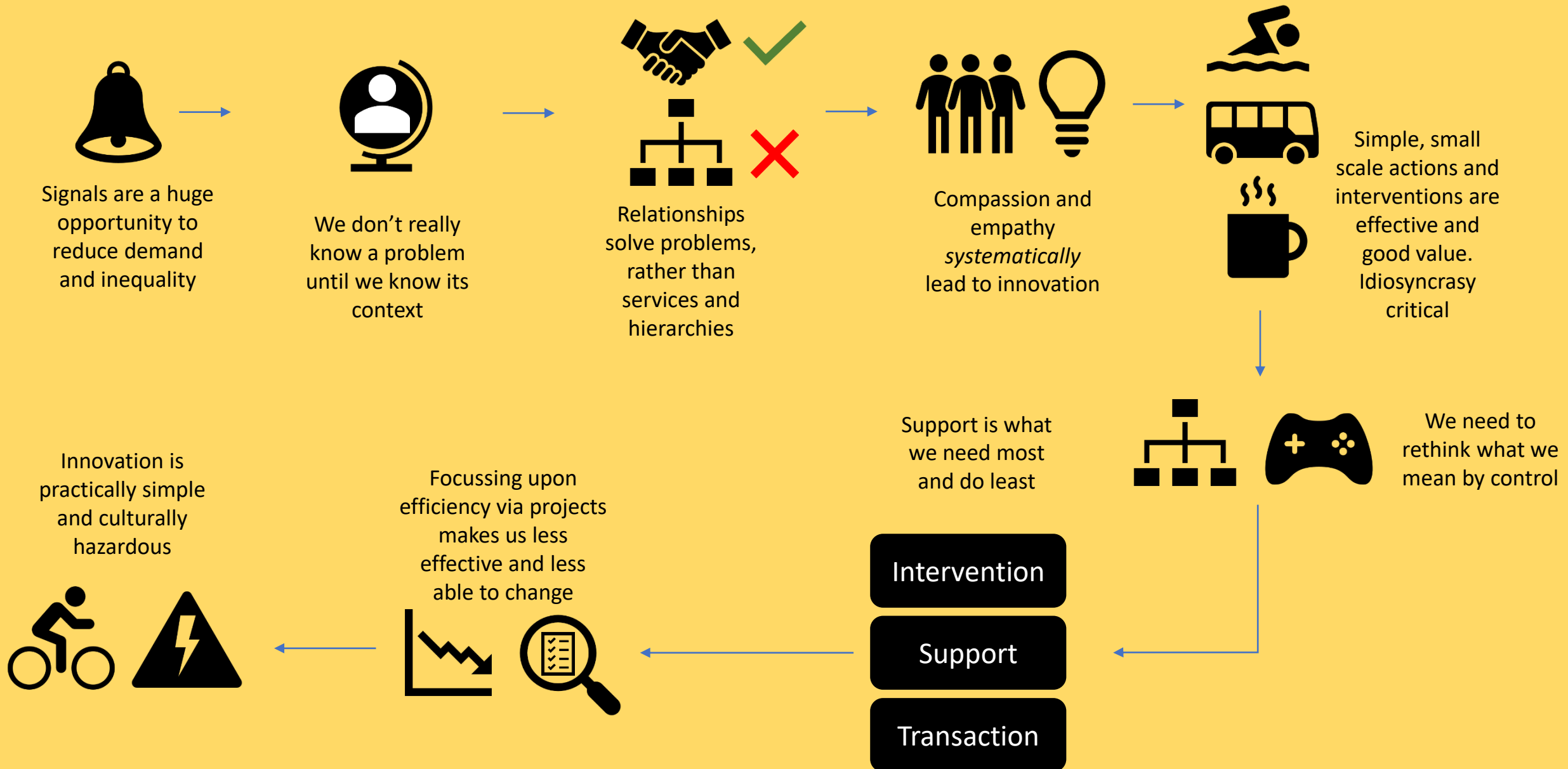
Learning from cases



Capturing the learning from *issues*

Issue Description	Level			Status (open/ closed)	Owner			Action required	
	Ind	Sys	Macro		Team	L'ship	Govt	Countermeasure (now)	System Change (new normal)

What did we learn?



Training

Act on skillsets,
competencies, tools

Project

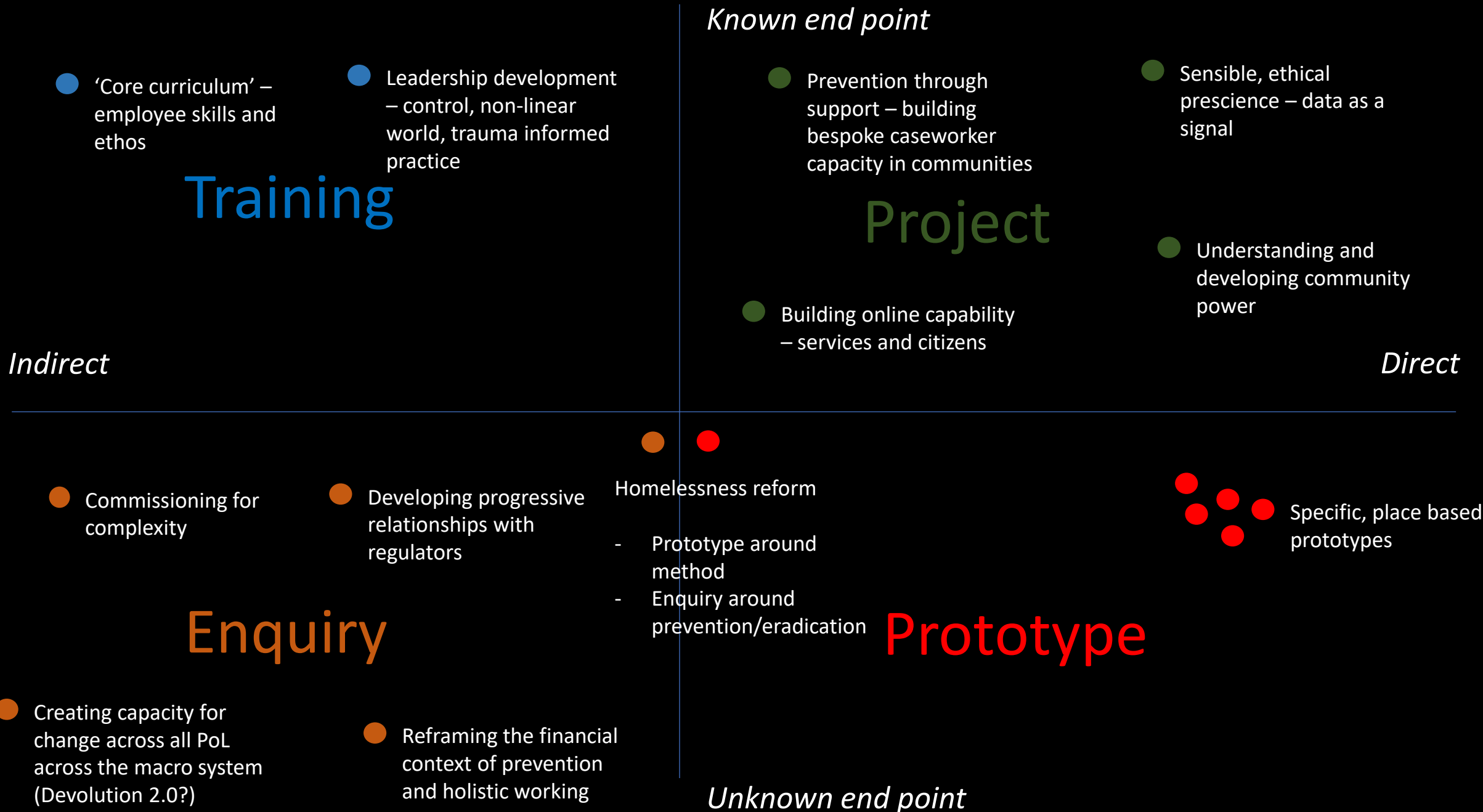
Implement known
solution to problem

Enquiry

Deep exploration of
system issue to
create opportunity
for change

Prototype

Test, learn and iterate in
live environments



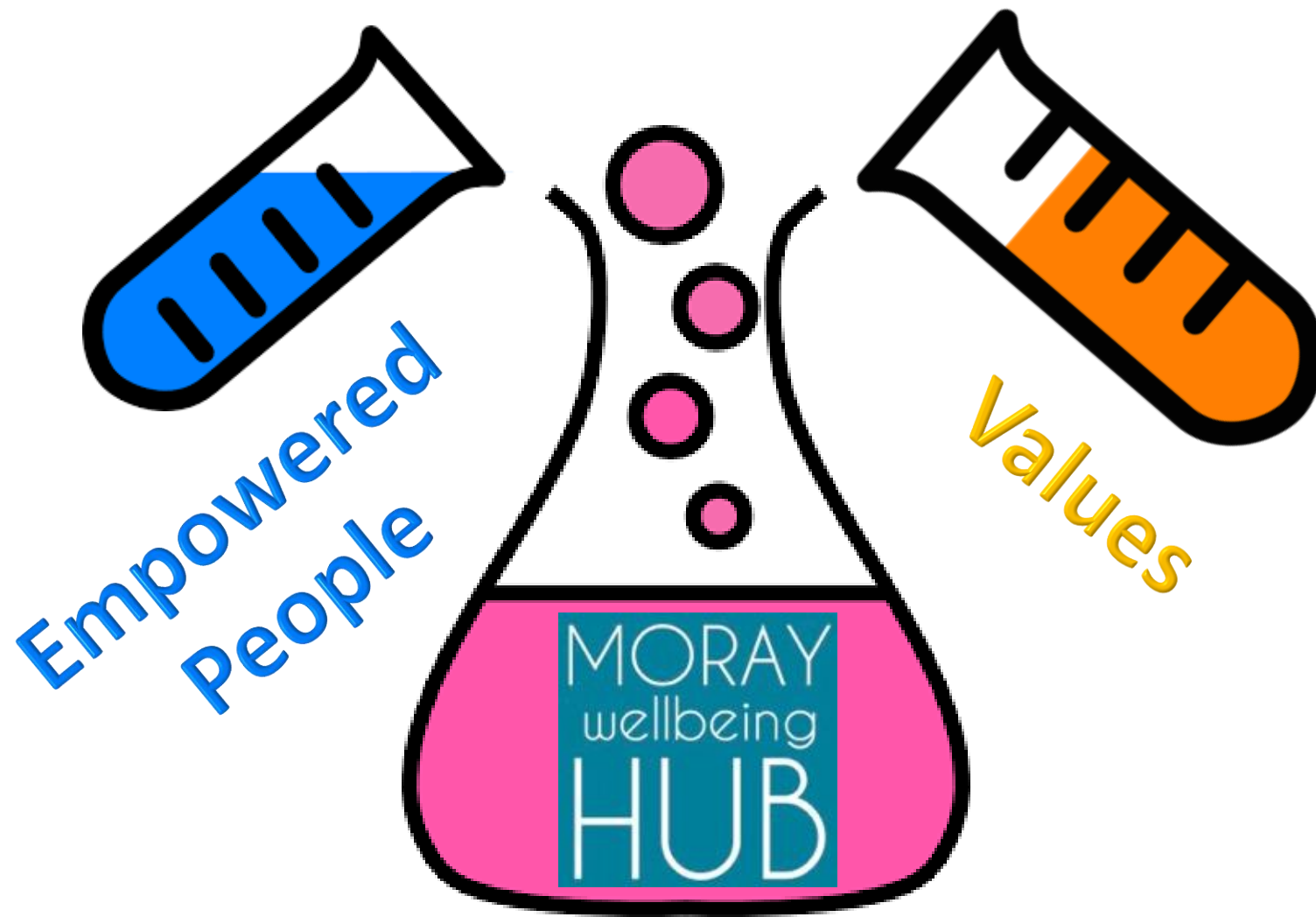
Effectively commissioning community resources



Heidi Tweedie, Social Movement & Enterprise Lead, Moray Wellbeing Hub CIC

Effectively commissioning community resources





Our Vision:

**Everyone should have the power to live
hopeful, connected lives.**

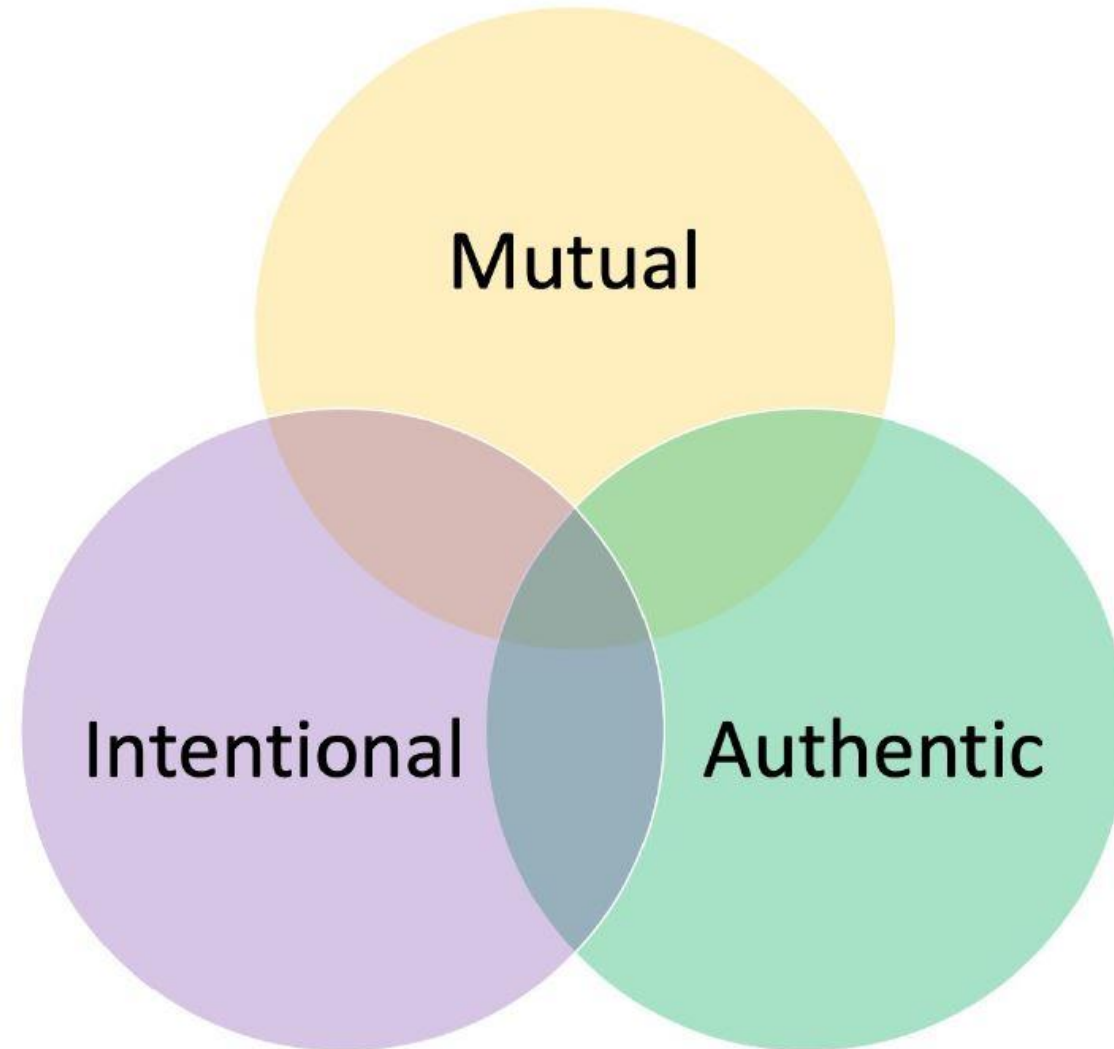
Moray Wellbeing Hub

Champions:

1. Actively join the collective
2. Self-define: “I have experienced crisis or challenge in my mental health...”
3. Active not passive: “...and want to create change for Moray”



Effective Peer Support Relationships



People are attracted by their peers
= meaningful interactions

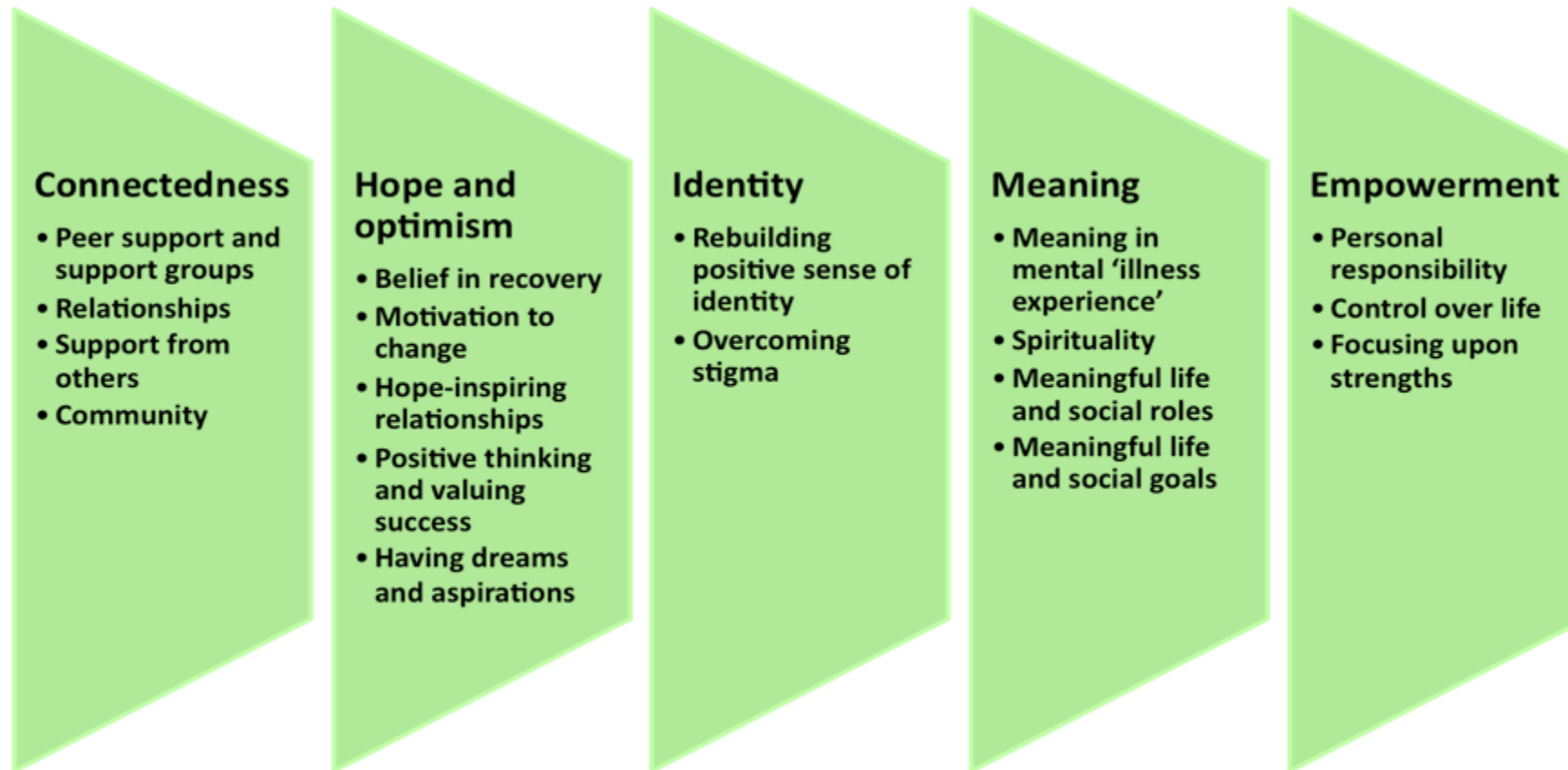






CHIME:

Connectedness, Hope, Identity, Meaning & Empowerment



Leamy, M., Bird, V.J., Le Boutillier, C., Williams, J. & Slade, M. (2011) A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *British Journal of Psychiatry*, 199:445-452 <http://www.researchintorecovery.com/>

Growing organically using values



CHIME



Authenticity

Curiosity

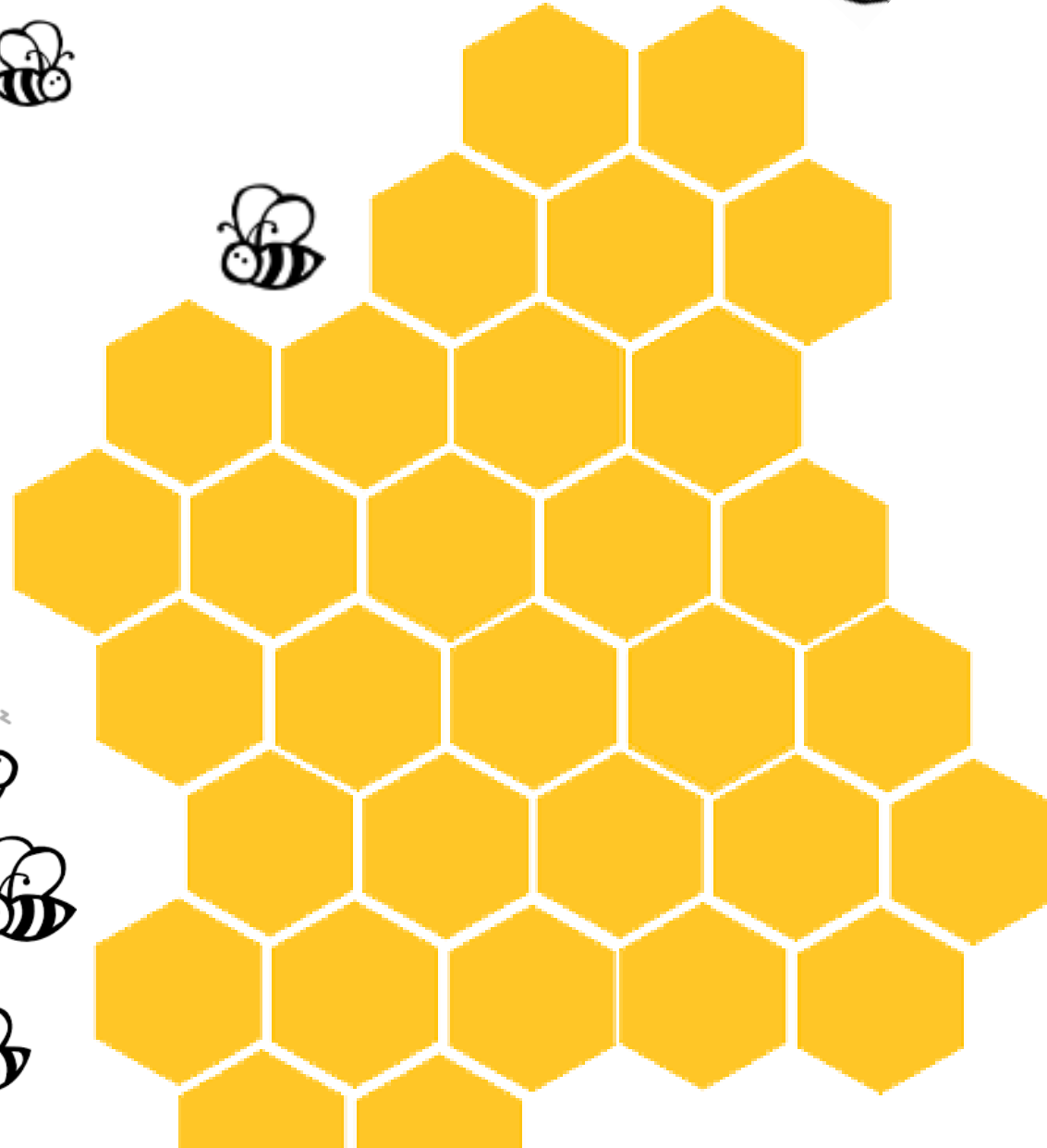
Courage

Compassion

Diversity

Catalysts for Change

Fun





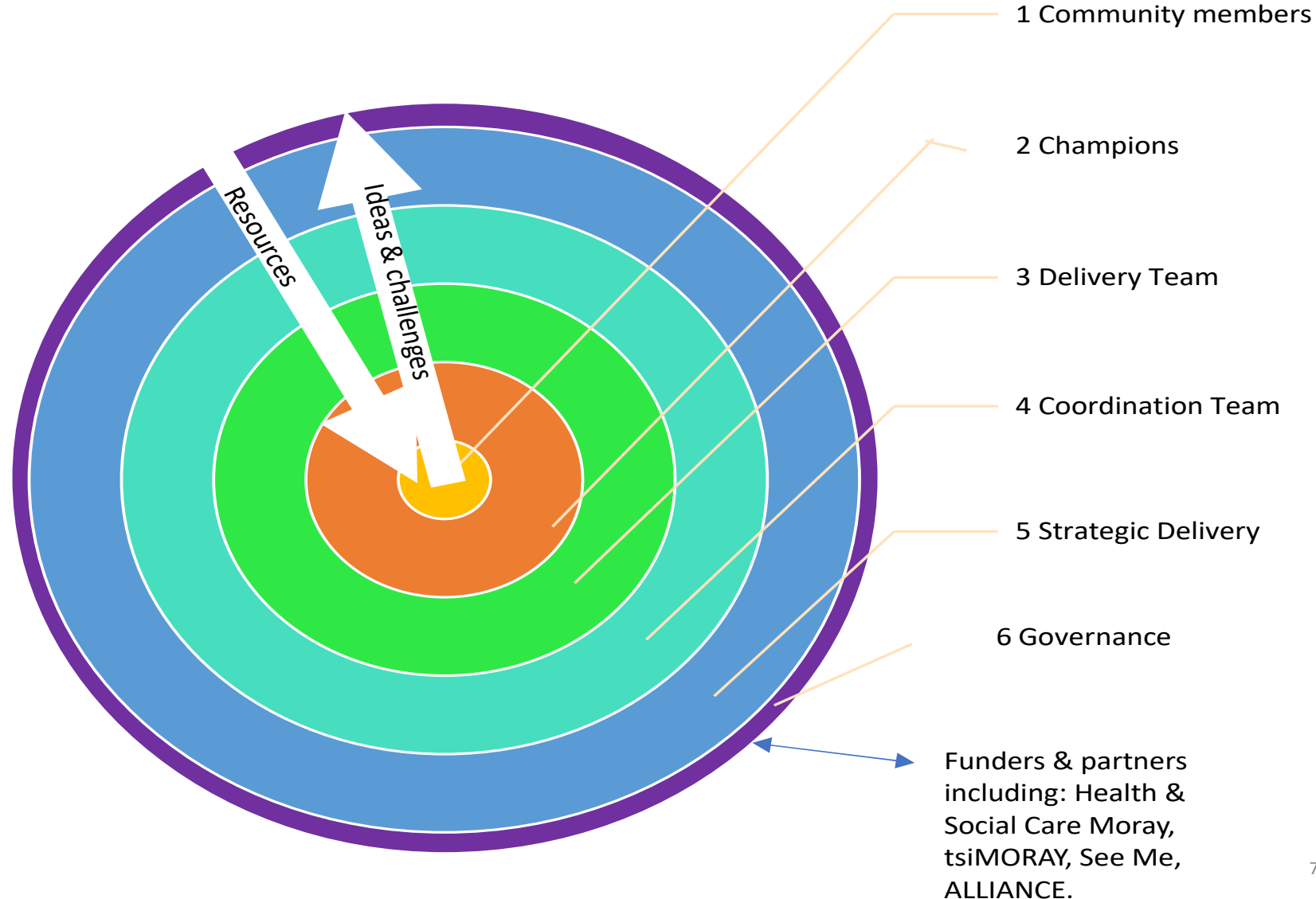


Types of Partnership

Degree of partnership	Characteristics
Co-existence	“You stay on your turf and I’ll stay on mine” (May be a rational solution - where clarity is brought to who does what and with whom)
Co-operation	“I’ll lend you a hand when my work is done” (Often a pre-requisite of further degrees of partnership, where there is early recognition of mutual benefits and opportunities to work together)
Co-ordination	“We need to adjust what we do to avoid overlap and confusion” (Where the partners accept the need to make some changes to improve services/activities from a user/customer/community perspective and make better use of their own resources)
Collaboration	“Let’s work on this together” (Where the partners agree to work together on strategies or projects, where each contributes to achieve a shared goal)
Co-ownership	“We feel totally responsible” (Where the parties commit themselves wholly to achieving a common vision, making significant changes in what they do and how they do it)

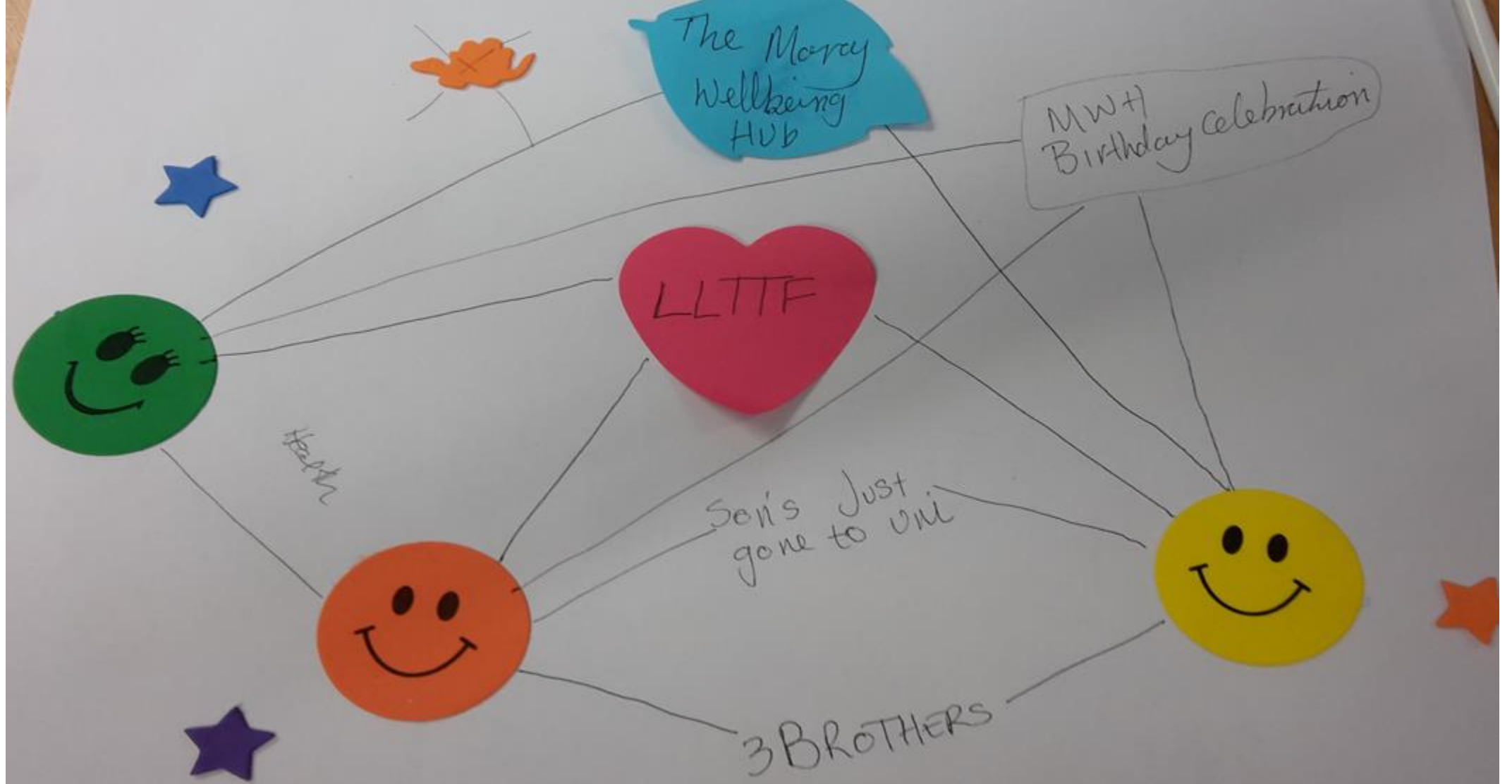
MWH organisational structure

- layers of responsibility and resource



Effectively commissioning community resources: Tips to reflect on

1. Mind the language – adopt terms from grassroots
2. Accessible evidence base - CHIME framework
3. Build insight – Open doors & ask why
4. Push the boundaries - Focus on good stuff and how you can say yes.
5. Invest in collaboration toward co-ownership – dive deeper into relationships between partners.
6. Consider investing yourself as a resource – build relationships.



We are all peers of this shared human experience we call 'life'

Commissioning at a place level: Plymouth



Gary Wallace, Office of the Director of Public Health, Plymouth City Council

Learning through Listening

Gary Wallace Plymouth City Council/Plymouth Alliance

Our Local Vision for Health and Wellbeing



The Health and Wellbeing Board set the level of ambition and timeline for our system integration

The Board set the strategic ambition but stayed out of the operational detail, taking a System Leadership approach

Vision of Improving Population-Based Wellbeing through Integration:

- Integrated Commissioning
- Integrated Health and Social Care
- Integrated System of Health and Wellbeing

Delivered through the Integrated Health and Wellbeing Programme, the aims of this are:

- To improve health & wellbeing outcomes for the local population;
- To reduce inequalities in health & wellbeing of the local population;
- To improve people's experience of care; and
- To improve the sustainability of our health & wellbeing system.

Plymouth Integrated Commissioning



Created ONE system:

- Integrated governance arrangements
- Four Strategies
- Commissioning of an integrated health and social care provider for the city

Creating ONE budget:

- Section 75 between NEW Devon CCG and PCC
- Integrated funds £638 million gross (£462 million)
- Risk share and financial framework

People and place:

- Relationships
- Trust
- Co-location in one building

Integrated Commissioning



- Co-location critical
- Teams mixed to drive cross pollination
- Desks mingled – but IT still not completely shared!
- Share all resources – each other's buildings, spaces, people, expertise
- Joint social events – relationships are key
- Organisational Development
- Integrated governance arrangements
 - Integrated Commissioning Board
 - Integrated Director
 - SLT
- Four Commissioning Strategies

Some examples of work areas



- Complex Needs (Alliance Contract)
- Chronic Pain and Distress
- Childhood Obesity
- Preventative services (vaping experiments, health checks, managed alcohol project etc)
- Green and Blue space (council as curator of place)
- Understanding Covid – compliance/non-compliance/wellbeing/impact
- Community Recovery in Keyham (post mass shooting)
- Economic Development policy and practice

Some emerging understanding from evidence and experience



- Quantitative proxy targets create gaming and do not capture value
- Targets have little or no relationship to lived experiences and their performance management was simplistic, misleading and divisive
- Commissioning practice was driving out cooperation
- In complex areas services can deliver outputs, not outcomes
- Much practice is routinised and happens with little thought and no flexibility (we attribute this to target culture)
- We need to incentivise cooperation, develop ways of including all actors in systems and work harder to understand value, rather than targets.
- Experimentation, thoughtfulness and learning are our key assets

KEY PRINCIPLES

Plymouth is committed to



- Listening to citizens – actively, iteratively and with multiple methods
- Acting on what we learn and then listening again
- Developing a shared sense of place with citizens
- What's best for citizens and systems, services are not a starting point
- Critically examining all our service responses
- Taking a curatorial role with a broad group of partners (VCSE, public, private, SME)
- Being a compassionate and trauma informed city
- Experimentation – with forms, functions, conceptualisation of issues
- Providing a permissive, supportive and appropriately challenging ethos for officers

Change is a Cultural Project



- Most of the issues we encounter are cultural rather than structural
- Most of what we are doing is about building new culture together
- We work hard to build empathy between system actors
- We try to reframe problems positively eg rather than resistance we recognise that people are highly affiliated to their services
- Our role as leaders is build new affiliations by engaging people in experiments, prototypes, co-design and integrated delivery
- Leadership not management. Leaders as learners/teachers/facilitators/experimenters/colleagues/servants

Learning is our Strategy



- Learning through listening – appreciative enquiry, mass co-production, ethnographic studies, being in places with people, observation, shared experiences etc
- Learning through experimentation – trying things in systems to see what we can learn
- Learning from research – reading research, commissioning research, partnering with the universities in the city
- Learning from each other – shadowing, witnessing, sharing
- Creating, supporting and sustaining continuous learning for everybody
- Our mission is not to hit targets but to understand ‘value’

We value our people



- Workforce development – give them the skills they need
- Workforce empowerment – give them Mastery Autonomy and Purpose
- Encourage thoughtfulness over routinised practice
- Support them to use discretion in order to make thresholds and boundaries fuzzy and permeable
- Engage them in idea generation and practical experimentation – minimise barriers to this
- Create a sense of shared endeavour

Some Learning



- Realisation that how we used to be brought us all the problems we had
- Understanding that times had changed, we no longer had the money or staff to behave as we used to
- Doing more of the same was therefore not sustainable – most of the risk was in doing more of the same
- Move to council as curator of place, rather than ‘The Authority’ in a place – organisational humility brings in more partners, more money and more integrated approaches
- Once you start down this road it spreads quickly
- The work is harder but better

Some stuff



- We still collect data on mandatory targets but we treat them as aids to learning, we do not performance manage them
- We are constantly wrestling with metrics that tell us about how the system is functioning and how we understand 'success' in asset based ways
- We have a relentless focus on what actually matters to people
- We are working to develop assurance mechanisms rather than accounting mechanisms/governance
- In HLS you reach a point where it is hard to communicate with NPM because we have no familiar landmarks for them. It requires a lot of work, transparency and openness to overcome this.


Creating an HLS experiment



Susan Paxton, Head of Programmes (Community-led health and Networking)
Scottish Community Development Centre



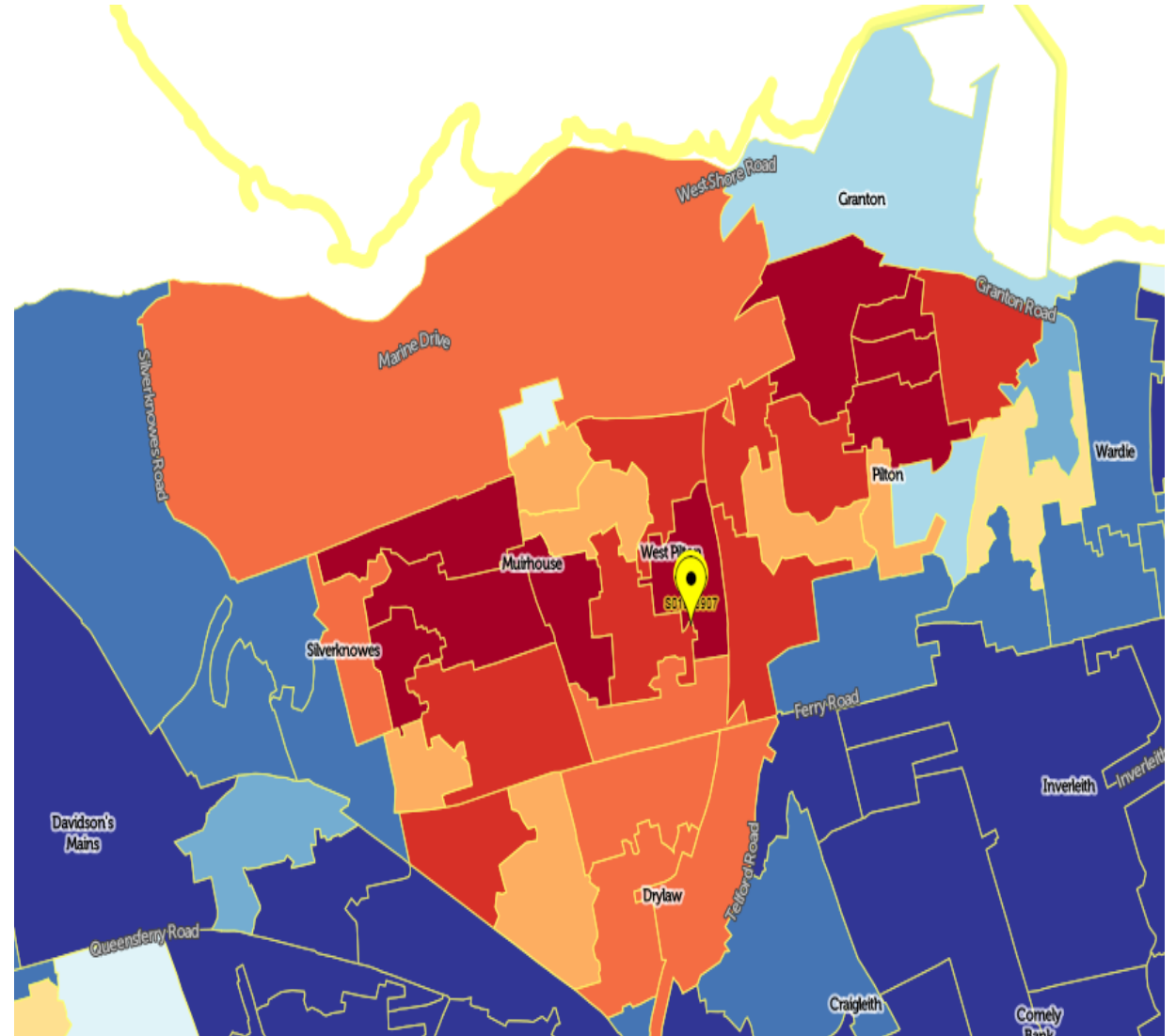
Biddy Kelly, Managing Director, Fresh Start (Scotland)



Nessie (North Edinburgh Support Service)

Biddy Kelly – Fresh Start

Context





Tackling Poverty and Inequality

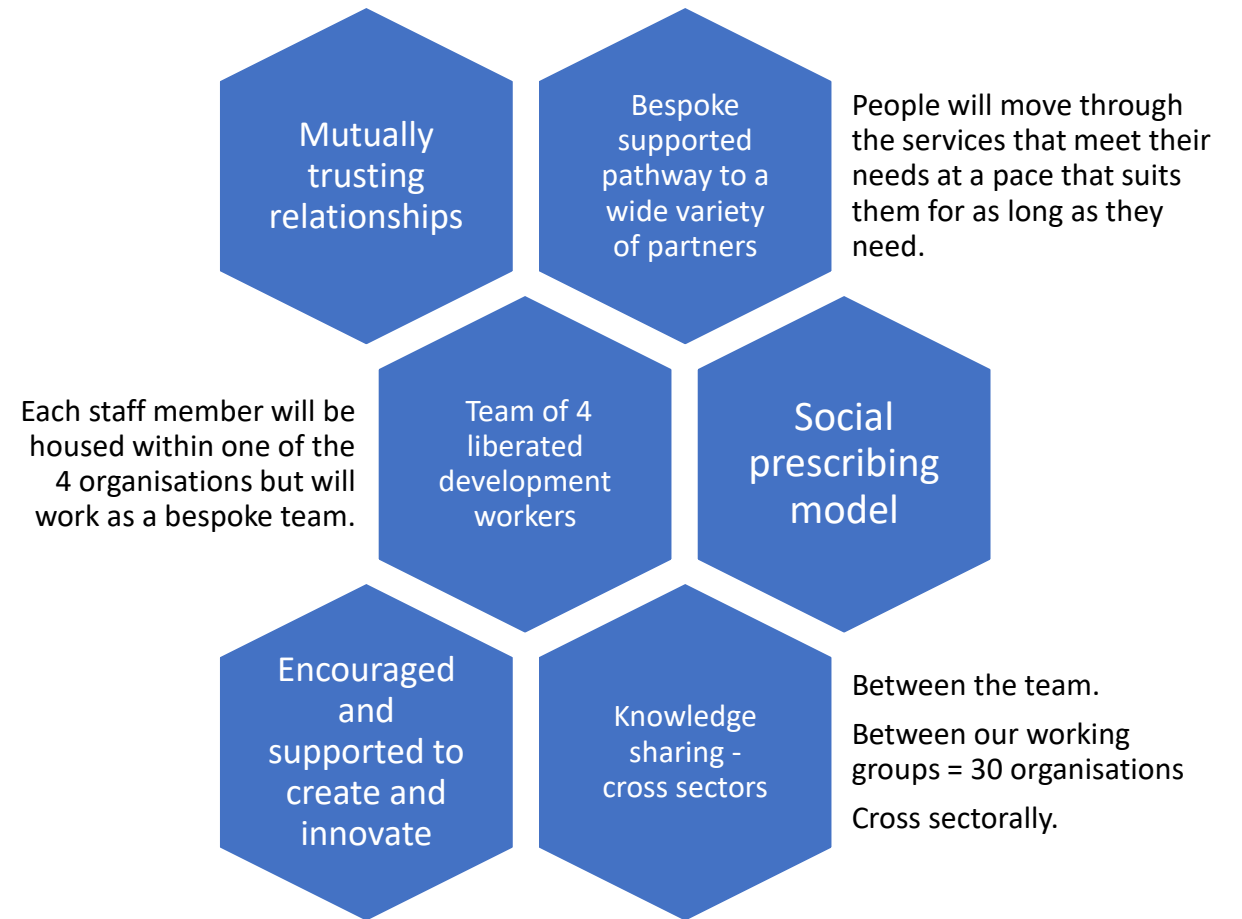
- Respond and Recovery group
- Working groups
- Principles: Love, Care, Compassion, dignity
- Co-created vision

North Edinburgh Vision: working together

SITUATION	INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM IMPACT	MEDIUM TERM IMPACT	LONG TERM IMPACT	VISION
				Research will show	Research will show		
The impact of COVID-19 has increased the number of households in North Edinburgh grappling with severe financial, social and aspirational poverty leaving many at high risk of homelessness and prolonged negative life outcomes	Funding Support: TNL Community Fund / Comic Relief and Trusts, Statutory, General Fundraising and Sales.	Referrals	Build on existing partner referral networks: GP referrals (Social Prescribing), other NHS, CEC social work/housing schools, ASL, Self Referral, Third Sector Partners. (Essential to engage statutory services in identifying those in most need.)	North Edinburgh branded materials online and in print. Launch and publicity campaign.	Increasing access to financial advice services and digital services	Increased financial security including food security	Increased numbers of those at highest risk are more financially secure, more connected and engaged with services and opportunities in their community and have increased life chances
	Partner Strengths: 1) Shared ethos, values and trust. 2) Joint working experience and proven track record of meeting social outcomes through effective work with partners & community. 3) Skilled staff & volunteer teams. 4) Safe working policies & practice. 5) Commitment to trauma informed practice	Assessment and planning	1:to:1 consultations with link workers to identify immediate support needs. Develop individual pathways of support and assign a 'key anchor person' for those needing intensive support.	Embedding digital in assessment, service design, delivery, and evaluation	Integrated approach to provision of crisis support: goods and services		
	Key Issues	Immediate Support	Ensure access to: 1) Starter packs of household goods, food packs, white goods, decorating services. 2) Low cost food in Community Pantries. 3) Financial information and benefits advice. 4) Housing advice and support	Integrated network of crisis support: phone line, online and print.	Co-ordination and implementation of North Edinburgh Food strategy	Increased engagement with local opportunities strengthening social networks and reducing isolation	
	Poverty Social Isolation Unemployment Low educational outcomes Limited skills development opportunities	Ongoing Anchoring Support	Provide 1:to:1 anchoring support for those needing intensive support to implement their pathway plan. Anchoring support will vary across the core agencies and include mentoring and befriending support options.	Clear Assessment criteria to identify those most in need of 1:to:1 support	Developing and co-ordinating innovative communication channels between agencies and with residents	More physically active with improved physical wellbeing	
Lack of confidence Low aspiration Mental health issues Long term impact of trauma Poor physical health Unstable lifestyles	Service User Involvement: 1) Supporting service design, delivery, and evaluation. 2) Embedded within partners' practice. 3) Co-ordinated through Community Research Project & Service User Involvement structures	Supported Community Activities	Support to engage in 1) Cooking and gardening classes and clubs. 2) Community based sports & leisure activities. 3) Creative arts experiences and activities. 4) Mentoring and befriending support. 5) Wellbeing classes.	Network of local accessible free or low cost community Activities: online and print calendars			Strengthened community cohesion through 1) linking local people with services and support, 2) embedding them in service design, delivery and evaluation 3) increasing involvement in local democracy/local governance
Underlying Principles		Education and Training Programmes	Ensure access to person-centred alternative education/training opportunities with a wide range of vocational work experience in partner settings. Deliver accredited qualifications as well informal recognition of learning and volunteering.	Integrated education / training offer with progression routes between partners and others.	Increased access to community space & facilities - creating 'social' homes - importance of community 'hubs'	Reduced stress and anxiety/Increased mental wellbeing	
Put wellbeing at the centre Give people permission to take control Help people to help each other Support people to participate fully Move upstream Build in radical kindness Tell an authentic story of change	Referral Partners: Schools, NHS (GPs, Health Visitors, Public Health, CAMHS), Local Authority Housing, Visiting Support, Social Work, Third sector partners, Job Centres.	Volunteering Opportunities	Provide volunteering opportunities across the partners: catering, retail, creative arts projects, administration, youth work, coaching, warehouse logistics, administration, wordworking/carpentry skills, reuse/upcycling projects.	Integrated volunteering programme published online and in print. Volunteer events.	Increased coordination stimulating greater uptake in 'mainstream' activities - arts, sports, clubs, classes		
Research Evidence	Key NE Third Sector Delivery Organisations: Fresh Start, Granton Information Centre, Granton Community Gardeners, LIFT, Move On, North Edinburgh Arts, Pilton Community Health Project, Scran Academy, Spartans FA Academy, Circle, Fetlor YC, OPFS, PEP, Firstport,	Service User Involvement	Capture informal 'feedback' as well as formal processes. Establish a service-user/People with lived experience development group with processes to ensure ongoing involvement	Thematic Service User involvement Groups established. Reference Group with an overall community focus	Increasing co-ordination and integration of education, training and volunteering opportunities	Increased diversity and number of people involved in local activities: (development, governance, democracy)	
Various North Edinburgh Community Research reports 2016-2019		Monitoring and Evaluation	Ensure partners self evaluation findings are shared in common framework. Deliver a community research project using local recruited and trained paid researchers to evaluate project impact.	Community Research Reports - Circulation and sharing of learning online and at events			Improved community resilience through 1) strengthened, sustainable community 'anchor' organisations 2) working in 'real' partnership with statutory services 3) community asset transfer options supported
North West Edinburgh Locality Improvement Plan 2017-2022							
The Enabling State: Revisiting the Route Map: Guiding Principles for Recovery, The Carnegie trust, 2020							
The National Standards for Community Engagement, Scottish Government, 2016	Strategic Partners: North Edinburgh Action Group, Employers, Local community forums and networks, SHAPE.	Project Management	1) Partnership development: strategic, operational, funding. 2) Strategic influencing: policy and practice. How to change the landscape not just deliver services 3) Comms & Marketing: PR, media, communicating impact. 4) Reporting impact and learning	Implementation Plan, Quarterly & Annual Reports for the Community, Funders and Statutory Partners	Developing new training and employment pathways with local employers including apprenticeships	Increased numbers moving into and sustaining education, training, volunteering, and employment	

A sustainable and resilient community in North Edinburgh

Nessie Operational Model



Underpinned by: Putting people first and at the heart of everything

Learning and sharing

System Stewards – 4 CEO's with trusting relationship willing to make things happen



Community Wealth Partnership





Learning Cycles

We are committed in Nessie to –

- People – understand what helps them and the barriers they face.
- Organisationally – what is working well for individual organisations and that of the collective that is Nessie.
- Place – we have an established collaboration across a place with a clear vision.
- Regional / National – our vision is aligned to a variety of different priorities.

Implications for national level: Finland



Olli-Pekka Heinonen, Director General, International Baccalaureate



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Human Learning Systems in practice – implications at the national level: Finland

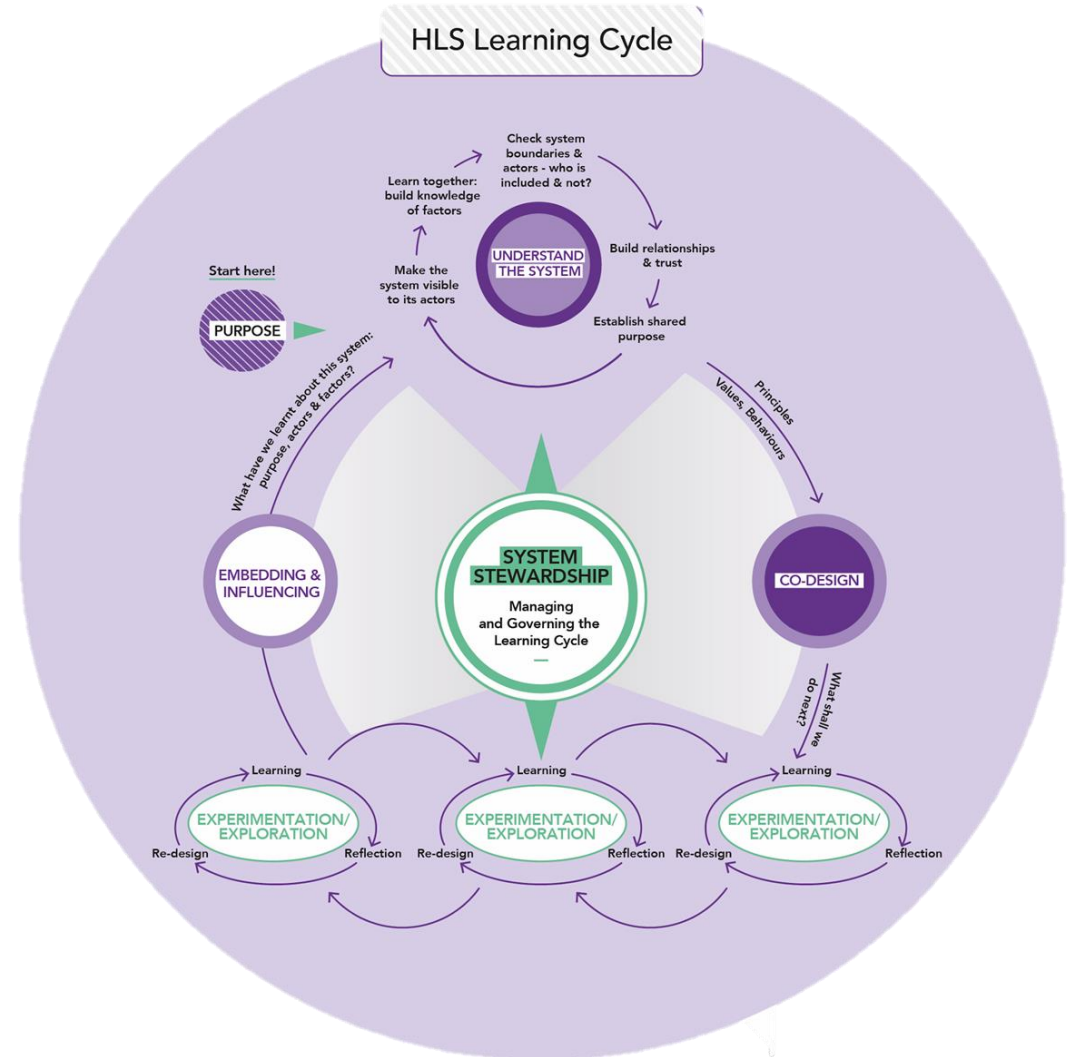
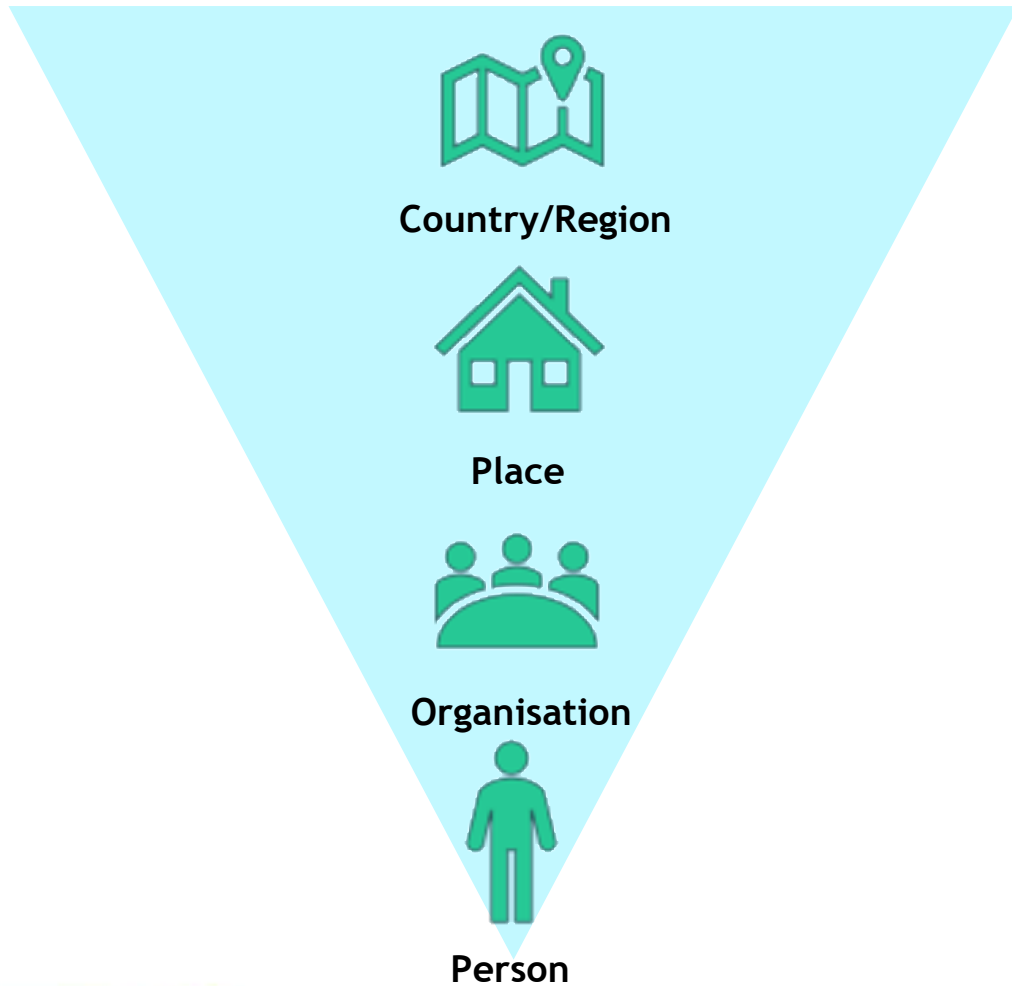
Olli-Pekka Heinonen – Director General
International Baccalaureate Organization

17 November 2021

Putting people first: How health and social care in Scotland can be different
Health Improvement Scotland / Centre for Public Impact / Iriss

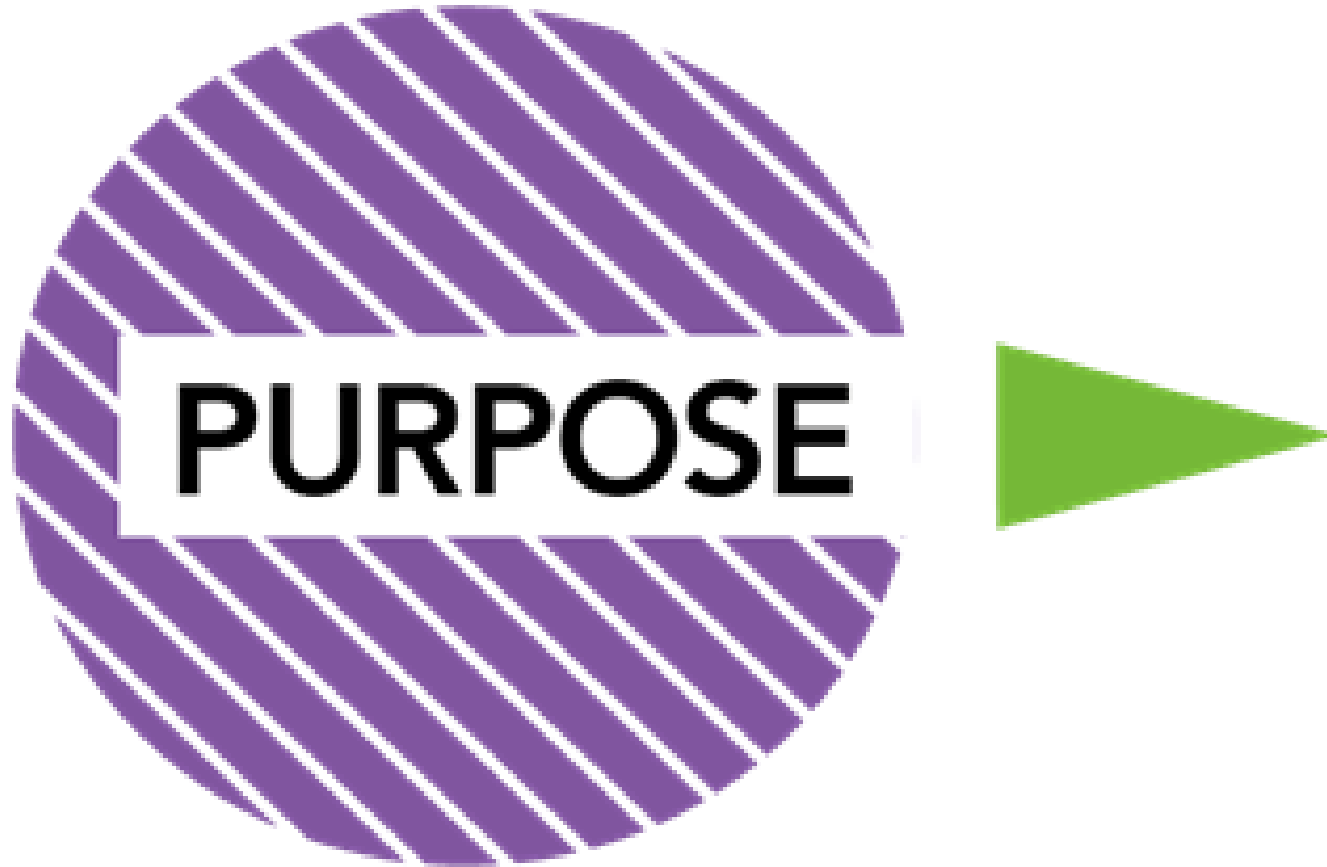
 @Heino1Olli

Systems operate at different scales



Source: Toby Lowe, Centre for Public Impact

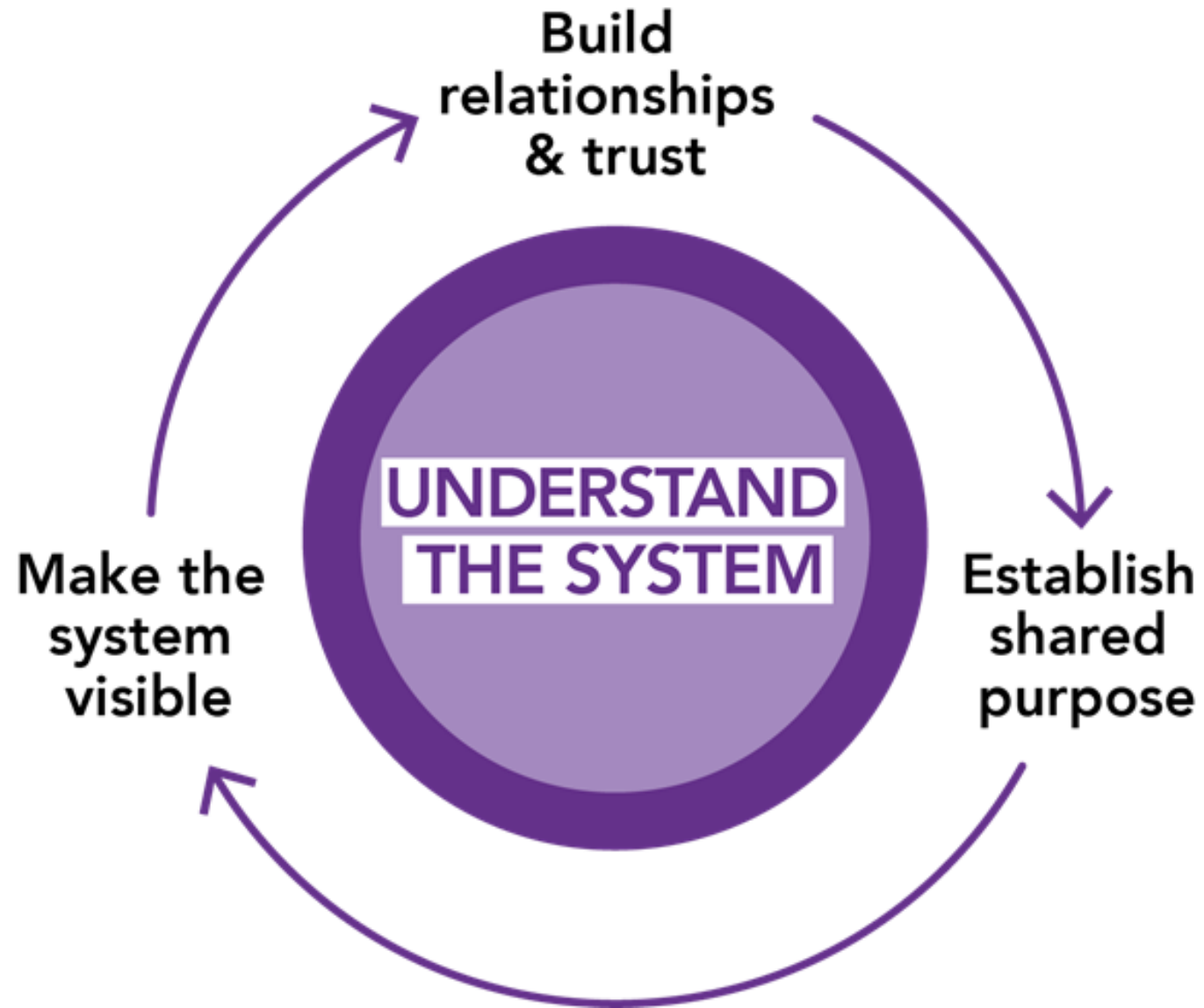
Starting point: purpose



What is needed from policy makers in order to support change in pedagogy and working culture?

- Ensure wise and continuous curriculum change with less content and more flexibility
- Support of leadership and enable focus on leading learning, pedagogical leadership
- Resourcing enough high quality professional development for teachers and leaders

- Involving everyone for creating a common vision on education
- Allowing more autonomy and trust rather than raising the expectation of outcomes
- Creating new structures for wellbeing of pupils and staff
- Keeping up public dialogue on education



The Innovation Centre at the Finnish National Agency for Education is:



- discovering and defining wicked problems and challenges in learning together with teachers, students, administrators, stakeholders and parents.
- enhancing interaction and creating collaborative communities of change.
- supporting and encouraging experimentation at the local and government levels.
- bringing in research and evaluation, where needed, to ensure accountability.
- co-creating new tools to support a whole- system change in education.

Our key question is:
What is a sustainable and resilient
education system in the future?

We have discovered some drivers for
change; human-centered approach,
collaboration, and open working culture.

Source: Finnish National Agency for Education

experiments,
co-development,
collaborative work



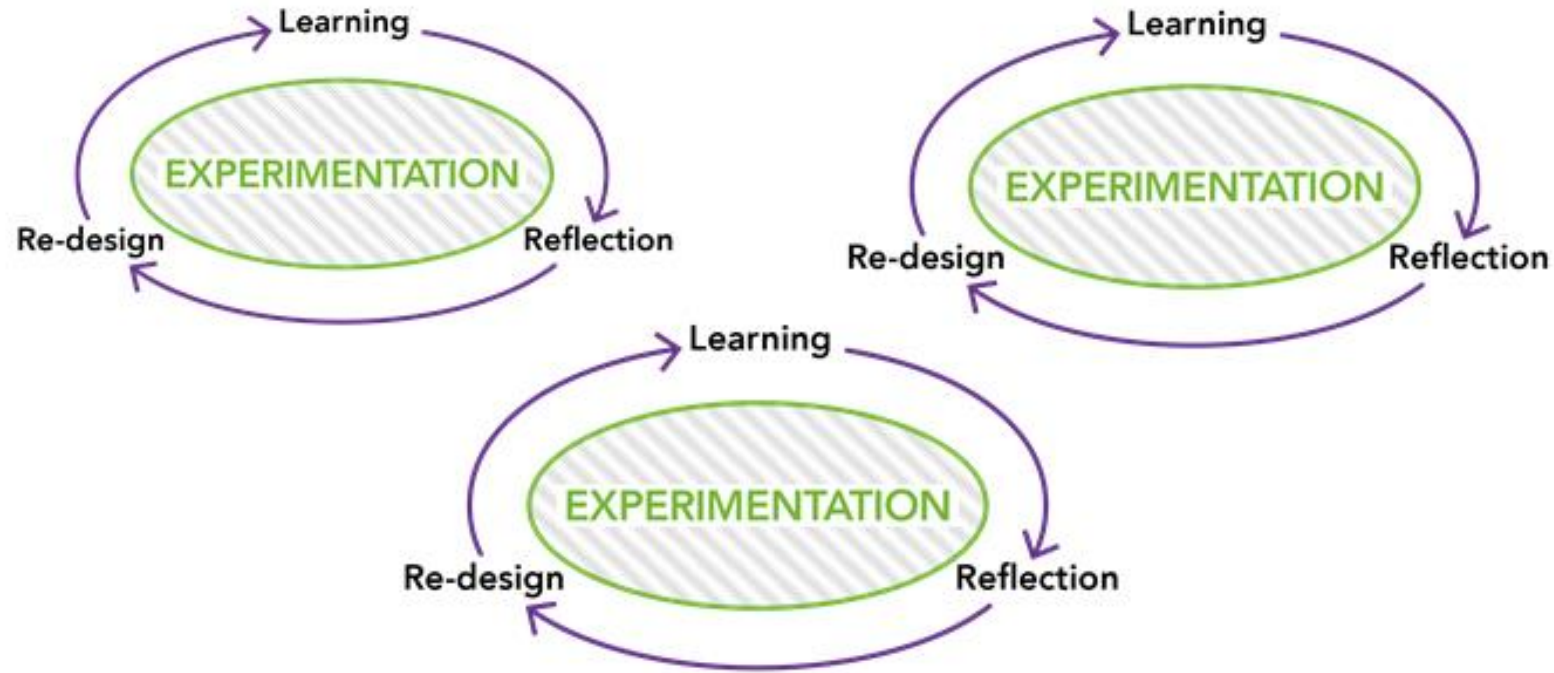
human-centered
approach, empathy,
dialogue, trust



opening the learning
environment to the
surrounding
community, open
mindset and working
culture

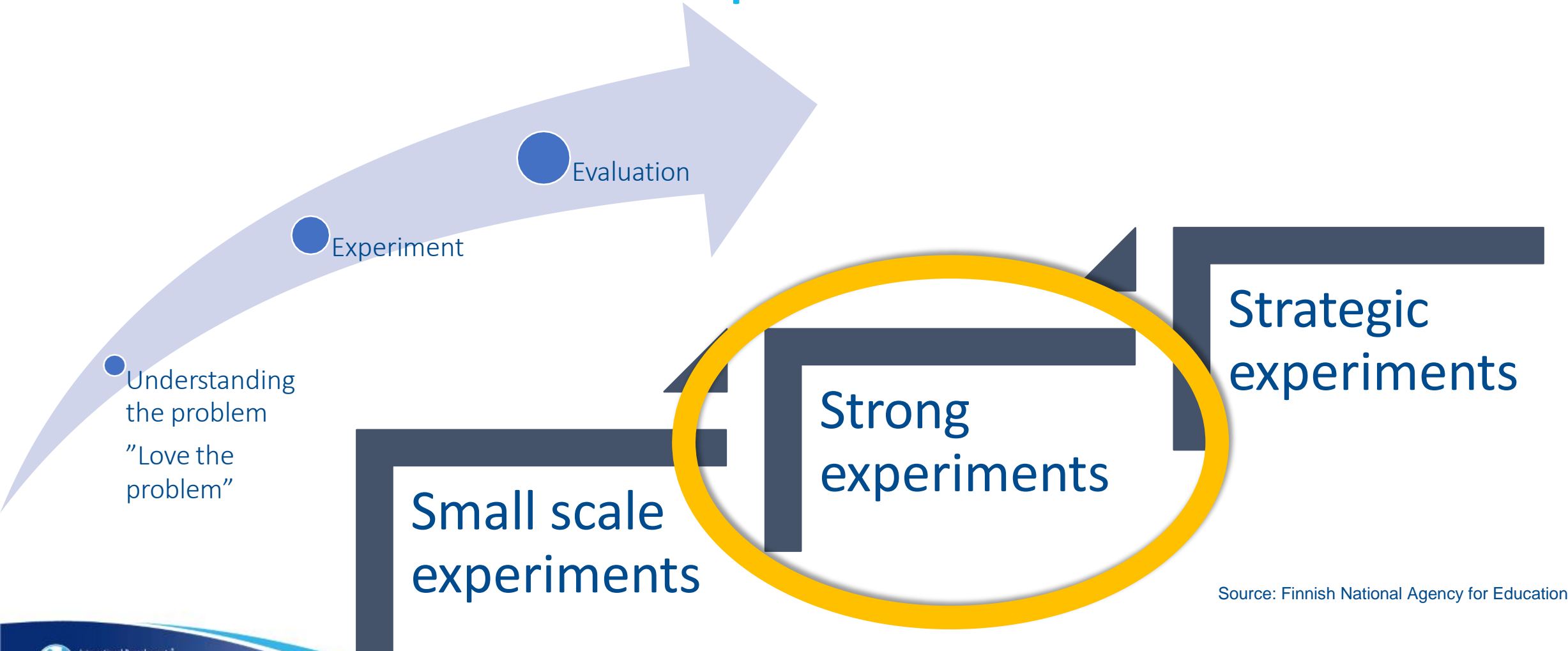


Running the experiments:



Source: Toby Lowe, Centre for Public Impact

The less we know about the problem, the more we need to experiment!



Source: Finnish National Agency for Education

Three experimentation Labs

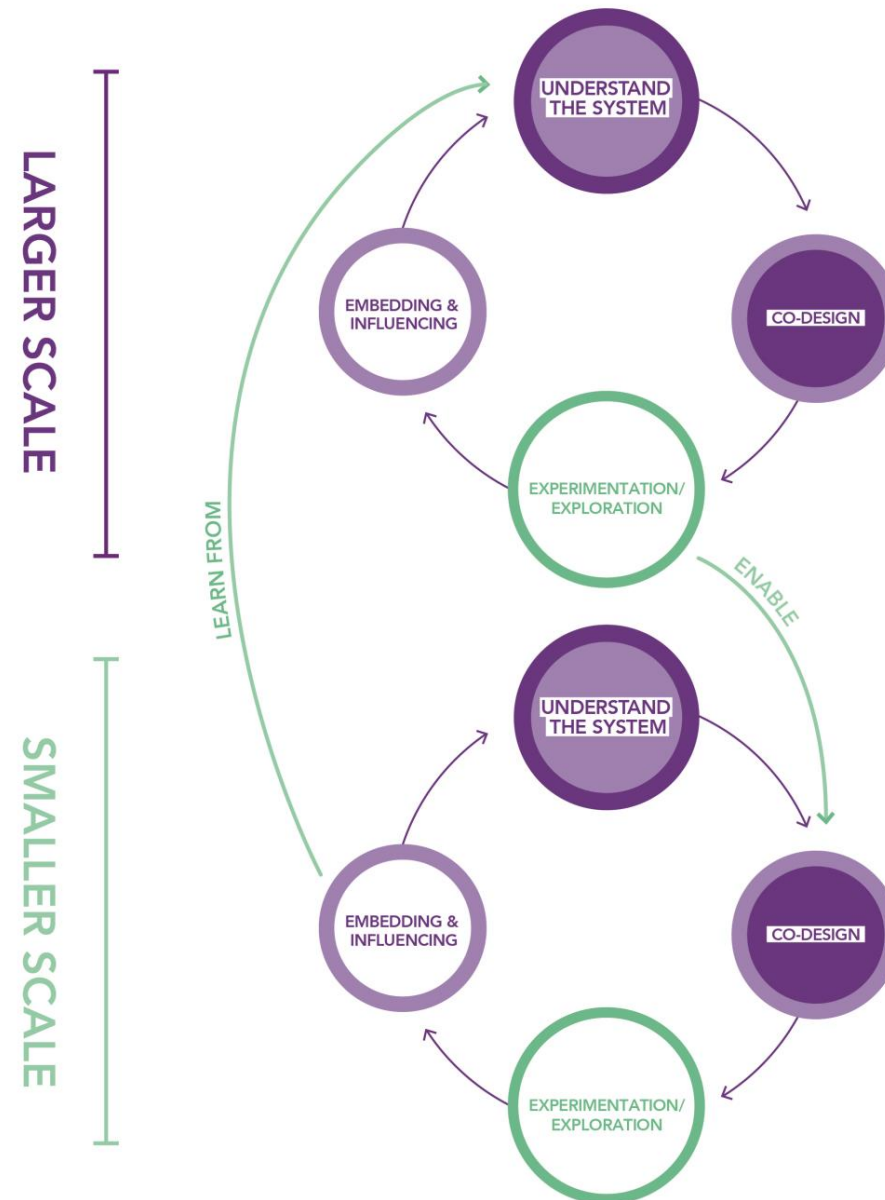


Experimentation Lab (1), a year-long, facilitated process, to support teachers, school leaders and local education administrators to create space for experimentation and co-create local solutions to address challenges in education.

Experimentation Lab (2), to support a top- down steered national developmental programme.

Experimentation Lab (3), to transform educational governance and to inspire cultural change to better respond to complex challenges in education.

Developing learning as a management strategy requires creating connected learning cycles across different system scales.



Source: Toby Lowe, Centre for Public Impact

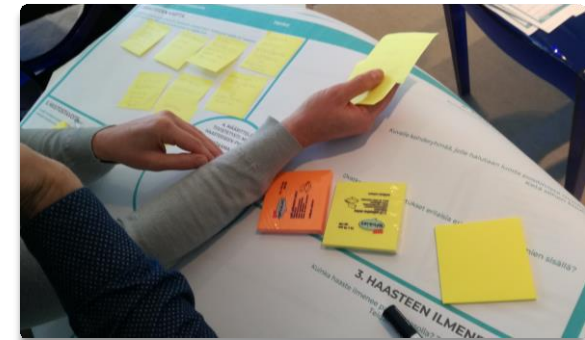
Some examples of our work...



Deepening understanding of local needs and catalyzing co-creation

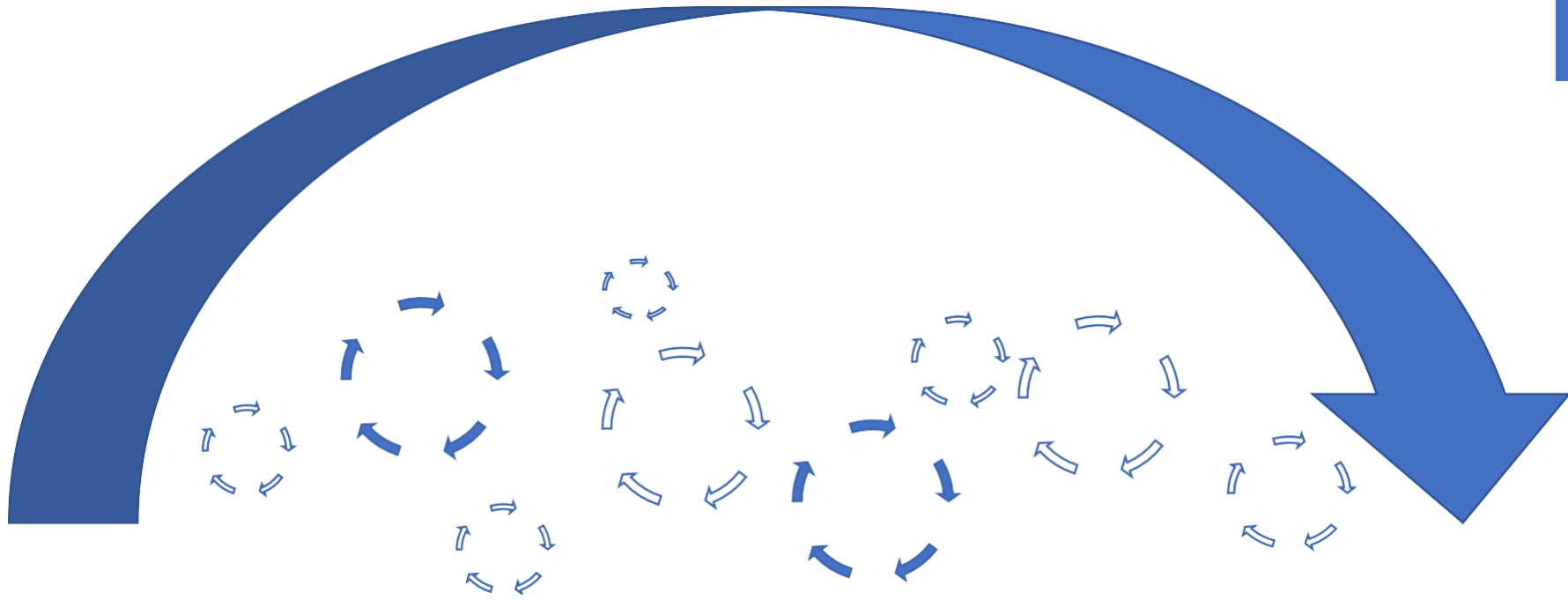


Redesigning the cycle of development funding
Co-creating human-centered and multi-actor evaluation model for development work



Accelerating innovation; three experimentation projects

Whole-system change



Striving towards a whole-system change by small and iterative experiments.
Picking up learnings and taking new directions, if needed.



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Thank you

Break

Shifting the paradigm for public management



Dr Dave Caesar, MBChB FRCSEd(A&E) FRCEM SFFMLM FRSA
Senior Strategic Advisor, Health Workforce, Scottish Government.

Conversation between speakers

Q&A

Conversations about the case studies - facilitated groups

Breakout room No	Title	Speaker	Facilitator
Breakout room 1	Commissioning at a person level - Gateshead	Mark Smith , Director of Public Service Reform, Gateshead Council	Karen McNeil , Improvement Advisor, Healthcare Improvement Scotland
Breakout room 2	Effectively commissioning community resources	Heidi Tweedie , Social Movement & Enterprise lead	Stuart Muirhead , Head of Delivery, Iriss
Breakout room 3	Commissioning at a place level: Plymouth	Gary Wallace , Public Health Specialist, Plymouth City Council	Des McCart , Senior Programme Manager, Healthcare Improvement Scotland
Breakout room 4	Creating an HLS experiment	Susan Paxton , Head of Programmes with Scottish Community Development Centre & CHEX Biddy Kelly , Managing Director, Fresh Start (Scotland)	Michelle Drumm , Communications and Content Manager, Iriss

Event close

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