



EACC Meeting 29 Sep 2022

Steve Kerr, Chair; Keith Giblett, Vice-Chair; Ken Robertson, Acting Secretary. Attendance: 28
Apologies: Judy Wightman, Bill Rodger.

Agenda 1. Andrew Field (AF); CEC; Director of Community Engagement and Empowerment (CE&E). Community partnership planning: some thoughts on the way ahead.

AF is leading a new service, due to emerge in next few months; staff of 12 (incl. 3 Grade 9 Managers, 8 Grade 7 Officers); set within Culture & Wellbeing Service (Joan Parr, Director) as part of the Place Directorate (Paul Lawrence, Executive Director). Funding in course from current budget reallocations. Mandate: Ensure community engagement and consultation is embedded within the planning and delivery of core council services, across the spectrum. Clients: Communities, Community Councils, the Third Sector, CEC itself. (CE&E as a 'facilitator'?)

External focus:

The operational development of (boost to) Neighbourhood Networks (NNs) and Local Community Planning Partnerships. Evaluate how well NNs are working; what could be improved in delivery of council services at local level; what is wanted / needed; engage with NNs directly.

Strategic responsibility for Community Centres in Edinburgh; work with their management committees to shape their future. There is a degree of funding from the Shared Prosperity Fund to that end. (But there are also very marked funding pressures in the face of the state of much of the Community Centre 'stock'.)

CE&E will also have direct responsibility for the Community Grants Fund.

CE&E will work to foster the development of Community Councils, particularly in areas where the roots are slim (e.g., Wester Hailes) and will look to EACC for help in that endeavour.

Central message: 'Partnerships' and good working relationships with communities will be at the heart of everything CE&E looks to do. Will work to embed those principles across the full range of CEC delivery arms

Caution: The very strained CEC financial climate will not make for easy conversations at times; but AF has 'no prescriptive agenda'. He wants local communities to have as much influence as possible in council planning and service delivery to help them thrive.

Concluding remarks: Final CE&E structure and detail still to be formalised. AF will come back to give fuller detail to EACC thereafter (late 2022?)

Q&A:

Cost-of-living crisis fully recognised; Community Centres could have a 'warm hub' role to play. But many are structurally unsuited for that role; not all have the professional staff complement and are volunteer dependent.

The future of Community Centres hinges on funding. Assessed that £m needed to properly 're-equip'; that money just isn't there.

AF's budget for CE&E as yet not settled; depends on reallocation of monies from other CEC service areas.

AF recognises fully the ongoing frustration over lack of clear guidance on CEC's day-to-day organisational structure; 'Who does what and how do I get hold of them?'

(I interpret this as a linchpin service in the EACC / CC / CEC relationship. Let's work with AF to use it as such. KR)



Agenda 2. David White (DW); Primary Care Strategic Lead; Edinburgh Health & Social Care Partnership. The winter vaccine roll-out programme; GP service provision in the city. (Slides available)

The winter programme is targeting c.275k adults (flu + covid) from 5 Sep to 23 Dec, across 31 community pharmacies, Waverley Mall, Gyle and Ocean Terminal, and 7 additional weekend sites. The 'forward planning' is much improved on last year, but there is a 'friction' between the modelling framework for individual pharmacy and 'major centre' sites (allocation of patient numbers by age bands) and the 'appointments booking model'. The result is that (at least at this stage) some people are finding themselves travelling right across the city to receive their vaccination, rather than being seen 'locally'. It is a recognised issue and something that is being worked on.

The ongoing growth of the city and its physical expansion is mirrored in the continued growth in demand for GP service provision, at existing (70) and at new (c. 7 planned over c. 10 years) GP practices. In some cases, existing GP practice boundaries no longer reflect a balanced 'patient density' (existing or in prospect).

Around 10% of the city population now reside outwith their practice boundaries; the impact is on both patient and practice and ranges from imparting inconvenience to the patient to instability to the practice. GP service 'balance' is a central primary care issue for DW and he is looking for EACC / CC support.

Patients can't 'be moved' from their practice against their wishes but in many cases a 'transfer' to another GP practice would be beneficial all round.

The growth of student numbers in the city isn't the problem. Nor is the base supply of GPs in the city, although the capacity is very tight and work overload and staff 'churn' within practices are taking their toll. (The situation in other parts of the country was described as 'dire'.) The new 'Capital Medical Practice' – aiming to provide a combination of remote and face-to-face consultation facilities for newcomers to the city – will absorb some of the demand for 'GP registration service'. But practice boundary adjustments have to be a core part of the solution.

In that regard, the Community Councils involved will 'always (be) consulted'. The request here is 'Will CCs support practice boundary adjustments and encourage patients to re-register where asked?'

This is what DW offered to me as a 'script' after the meeting itself:

'Patient transfers' The message is that if your medical practice approaches you asking you to register at another practice (s), then please consider this, as it represents an important adjustment for the practice. You have the right to remain on the list if you don't want to move, but you will only be asked if you live relatively far away from your practice and there are others who are closer. Any adjustments to practice boundaries have to be discussed by the relevant Community Councils and any subsequent approaches to groups of patients to move will also be notified with opportunity to discuss before patients are approached.

DW made the point he is very willing to attend individual CC meetings to discuss further.

(The decision on 'patient transfer' to another practice rests finally with the patient. The Community Council can't expressly 'encourage' that decision. But it could 'constructively recognise' the circumstances behind such a request from a practice encountering the pressures of an imbalanced patient roster, once made fully aware of the situation and circumstances. KR)



Agenda 3. Kenny Wright; Chair, Drumbrae CC.

The cost-of-living crisis; community initiatives. Held Over.

Agenda 4. Steve Kerr (SK), EACC Chair

The November EACC AGM: Nominations will be invited at the start of October for Office Bearer positions and places (up to 12) on the Members' Board. The aim is to widen CC involvement at EACC level and to deepen EACC's capacity to follow and engage on the wide range of issues arising at CEC and the Edinburgh Partnership. SK will publish a note to CCs soon.

AOB

LNHCC – Jennifer Marlborough

Lothian Buses service changes; unwelcome travel pattern disruptions emerge, especially in Leith.

Will report back on an Edinburgh Bus Users Group meeting due to take place on 26 October.

(Cllr. Scott Arthur, Convenor, Transport & Environment Committee, is attributing the changes principally to driver shortage issues; retirement, turnover, recruitment. KR)

Next EACC Meeting: 27 October at 19.00