

## **Report on Glasgow Locality Engagement Forums (LEF): Glasgow City HSCP Strategic Plan Engagement Session on 25 August 2022**

Locality Engagement Forums members from across the city came together in the Albany Learning Centre on 25 August to discuss the draft Glasgow City HSCP Strategic Plan 2023. Lesley Ann O'Hare (Glasgow City HSCP) provided the meeting with presentation on the structure of the Plan, the legislation, content and the consultation process and timeline.

The first discussion focused was on '**What makes a stronger Community**'? The following comments and opinions were recorded.

- You need young people to be more active and involved in the community but how do get them interested in their communities?
- There needs to be more community resources, a centre to the community and a place to meet neighbours and friends. Just now there is no or limited interaction at a community level.
- What does community mean to people? A community of interest, a geographical community or an online community which have grown over Covid and is a positive development for many people. Communities can take many forms and can overlap and relate to each other offering a wider support network of communities.
- Trust and relationships make a community.
- Strong connections between the Council, Health, Housing and Voluntary Organisations operating in the community. The Council and Health should work closer together to support communities – for example communities need Community Centres, places to meet to offer/develop supports in the community but the Council have closed many Community Centres and Halls.
- A strong community of people share information so information about services, support and resources are reaching people.
- Communities are still there but they are not being supported to self-organise. More Community Development workers to help communities organise into strong supportive communities. Learn from projects that are working to build communities (Knightswood Connects etc) and replicate across the city developing a wider network of support systems. Need investment in the communities to make them strong – need organisers to develop supports in the community.
- Listen to the community – what do they want and what are their thoughts about services

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### **General Comments on Plan**

- It was felt that the language used in the draft Plan and the priority headings were not good. The language was not easily accessible and didn't clearly explain the priorities which may make sense to professionals but not for everyday people. The plan should also not use acronyms.
- There was a request for a condensed version of the Plan and a suggestion for an infographic video which would reach a wider audience.
- "We have moved forward and made cuts and changes - in order to make things better we should just reverse what we have done, this would fix so many of the problems".

### **Comments on Prevention, Early Intervention and Harm Reduction Priorities**

#### **Addiction services**

- Addiction priorities are not included in the strategic plan and drug and alcohol addiction is a huge problem in Glasgow and across Scotland. Safe consumption rooms, rehab options and reducing drug deaths is a huge issue nationally. Addiction should be a priority and embedded throughout the locality structures and in the draft HSCP Strategic Plan
- The current support isn't good enough. People are put on methadone programmes as a quick fix, and this doesn't work. People are on methadone for 30 years and this isn't what people need nor want.
- One of the huge issues is getting help for people, and people getting themselves help. There is a lack of awareness and support out there and this results in people being unable to break the cycle and get into recovery.
- Recovery places is also another huge issue as there aren't spaces and facilities for people. People get put into environments with others who are drug users, and this can be counterintuitive to recovering.
- Services are also retreating from communities and centralising, and this is a huge issue for people who are looking for help.
- Developing more peer support would be useful for people who are looking to get support with drug and alcohol addiction.

#### **HSCP Staff**

- Staff shortages is also a huge issue for early intervention and prevention. Specifically in GPs. Due to staff shortages the easy option is given and there isn't a more person-centred approach to people recovering.
- Investment in staff and support to staff to retain experienced staff- flexible hours, family friendly policies, support, and training, pay people a decent salary.

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- The Strategic plan needs to look at new working models and it needs to do more and go further for people to receive the support they want and need, and not what is only available.
- Having more community development workers is important to support and develop strong supportive communities. More drug and alcohol workers. The services are operating at crisis, and this isn't good for prevention and early intervention.
- Community organised and peer support services in local Community Centres would be good.

### **Building relationships and making connections**

- Relationships are seen as something the Plan should incorporate. Relationships are something everyone felt was important and should be a focus. Whether this be relationships in communities, with health professionals, with family and friends or between structures and organisations. It is something that has been lost and this should be embedded throughout how the HSCP work, deliver and plan.
- Relationships was something that came through conversations in both groups - the operational elements, the strategic decisions and strategic plan. There isn't anything focusing on relationships, building these and what relationships play in the plan

### **Homelessness services**

- Homelessness is also something that should be a focus for reduction and prevention. We should revisit the changes within the document. There are shelters across Glasgow slammed together with 50+ people who are drug and alcohol addicts. They are out into the one environment (hotels) in Glasgow and not given the specialist support that they need. We need a more holistic environment and support.
- HSCP should be working with shelter, as from a report Shelter produced, it highlighted the huge issues for homeless people in Glasgow.

### **Single Point of Access/Information and Communication**

- The Single Point of Access needs to be more than just an information point – people need help to be taken through the system/access services. Break down barriers to accessing services
- People in greatest need are often people with additional barriers – need information and access to services. Good, targeted communication – not just putting information online.
- Single point of access was mentioned specifically around how this will be beneficial for people with mental health needs and this will need to be a good delivery method with good responsiveness for people. Having access to one route, to get support will be massively helpful. However, it was mentioned that the demand and resource needed for the single point of access programme will be significant and this needs to be well funded and focused.

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- In addition, information sharing was mentioned as important. Just now agencies can't share information just now therefore the shifting the balance of care will be made even more difficult. How is this going to be shared
- Barrier to sharing information - something people felt uncomfortable with GPs sharing information with pharmacists. Sometimes this information is sensitive, and individuals don't want numerous people having access to this. The faith people have in GPs is different to the receptionist for example. This will go the same for shifting care, where information shared with family members, community groups etc. will be incredibly difficult to manage.

### **Money Advice, Support with Debt and Cost of Living**

- In the first and second year of the Plan there needs to be huge investment in money and debt services, cost of living pressure, support with applying for benefits, tackling fuel poverty, and supporting food initiatives this winter
- Work in partnership with Housing providers to offer money advice and debt services

### **Mental Health Services**

- One project we should really focus on and harness the excellent practice and work is COPE in Drumchapel. Their approach to community support with mental health is excellent practice. It is a low-level intervention however it is seen by community members to be impactful and meaningful to people. It is a prime example of good community groups, good volunteers and what can be achieved. We need more community development workers to support communities to self-organise, develop, and provide community support.

### **Comments on Providing Greater Self-determination and Choice Priority**

#### **General Comments**

- The wording of self-determination was said to be poor, and this didn't make sense to people.
- In addition, we need to support people to make choices, and this isn't just by information sources. It comes from HSCP staff working with people however we need to remember it the HSCP who are making these decisions and setting the criteria regarding funding and support. Knowledgeable and educated people gain access to services easier compared to those furthest from services.

#### **Self-directed Support**

- Self-directed support is good but again this as a priority without other considerations and can isolate people more and it can become a hugely costly thing. A project in the Calton in Glasgow helps people with support and direct them, however it is hugely costly to keep their building open. There needs to be an allocation of core cost resources to community groups to help them operate community projects.

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- The review of SDS should make accessing services as simple as possible. SW working in SDS should be well trained and knowledgeable about the options.

### **Carers Services**

- Carer's service will develop their approach to improving the carers experience of hospital – how is the HSCP going to achieve this? The HSCP doesn't manage hospital services and procedures. Also change the wording of the objective from - The intention is to fully.....to - They will fully involve unpaid carers.....

### **Redesign Temporary Accommodation**

- Temporary accommodation for homeless people is an issue that should have more actions against it. Whilst it mentions it in the draft, what are the actions? It would also be good to have numbers and outcomes attached. E.g., 80% of homeless people will have a home within 6 months..... attached to the activity/priorities.
- The closure of homeless places across the city has made the ability for people to choose support much more difficult as often it comes in crisis.

### **Recovery Peer Support Workers**

- Agree with extending the pilot of Recovery Peer Support Workers

### **Expansion of CBT**

- Expansion of CBT and change 'computerised' to 'online' CBT – HSCP needs to tackle digital poverty and inequality of access to services
- One of the biggest issues with this is access to digital resources and capacity. Some people have access to information and help via the internet however those from lower SMID and background with poorer outcomes will be the ones who suffer from this priority. Whilst digital methods are good and in theory work, but they only work for a few and not all.

### **Patient initiated Follow up**

- Member's felt this was a way of 'get out of providing services and an additional barrier to accessing services. When people are spiralling into poor mental health – they may not be aware they need to seek support or use this extra barrier to avoid services. There needs to be 'check in' with patient incorporated into this proposal – something like an annual check-up/review – checking in on people/keep communication open.

### **Comments of Shifting the Balance of Care Priority**

#### **General Comments**

- High tariff people who use services be included in the plan specifically. There are many people who use a variety of services, and it was deemed important to show how they would support these people.

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- Finally shifting the balance of care is not good, as it shifts responsibility onto family. There needs to be something in the document around carers and the financial support. Will carers working get financial aid? There is a huge gap in services and supports for carers – people felt it was passing the buck was a statement made

### **Maximising Independence**

- The group mentioned the Hospital at Home test of change and Maximising Independence sounds like good programmes of work and the concept of shifting the balance of care is good. However again it was stated the wording could be revisited.
- Maximising Independence - one of the challenges regarding new strategies and services is there are often people who miss out – many homeowners do not receive information of services as they are not aligned with housing associations. This is something that needs a response and look at how the HSCP can include everyone.
- How will maximising independence impact carers?

### **Carry out engagement ..... the impact of shifting the balance of care**

- spell out the 'key stakeholders. Does it involve people with lived experience, carers, and extended family members?

### **Develop and tender for enhanced community living service for adults with a learning disability**

- service users need to be involved in development of the specification and tender process
- Trust in community service – It was mentioned that there needs to be more trust in community services. Many people trust hospital services to be high quality and specialised care. Receiving care in the community was something that people don't necessarily trust.

### **Initiate a Test of Change ....**

- These grants need to target smaller voluntary organisations and community organisations and should cover basic costs (rent, heat, admin etc cost) Also it should be a 3-year allocation with the option of 1 year plus 1 year extension. Short term restrictive grant is not effective
- It was stated 75% of people who are in mental health hospitals are returning patients therefore there needs to be a more joined up approach to support people and support them in their own home.

### **Create a single system of support for Families**

- There is currently very little support for children in school and services are minimal.
- Family based approaches sounds good however it is incredibly challenging. More information on this, the model and actions would be useful.

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### Is anything missing from the draft Plan?

The final discussion was around what is missing in the draft Plan and the following points were noted:

**Addictions** – it was felt there was no reference or ambitions to tackle drug and alcohol addictions in the Plan. There is a need for long term investment and support – sustained support – for people and families affected by addiction. It's difficult to make an impact on the effects of addictions and there is a need for more support rehabilitation services.

It was felt there need to be more joint work between Mental Health and Addictions services – multi agency co-ordinated response to support people with dual diagnosis. There is so much of a cross over between addiction and poor mental health and people are falling between two separate services

**Carers** - its feel like the Plan is 'shifting the balance of care' onto unpaid carers. Where is the support and practical help for carers – who is going to look after them? Where is the financial support for unpaid carers? There is a need to break down the barriers to supporting and helping carers. It was noted that the number of older carers and co-morbidity was increasing with no extra services and resources.

**Supportive Housing Solution for People Leaving Hospital** – there is a need for appropriate supportive housing to get people out of hospital. A long-term strategy should be involving people in hospitals in the process from the start to develop appropriate housing solutions – co-production

**Money, Debt and Cost of Living Services** – in Year 1 and Year 2 of the Plan there is a need to invest in money advice, debt services and food banks due to the financial crisis, anticipated fuel costs increase, cost of living increases.

**Improved Communication** between organisations, structures, and services to provide co-ordinated support and services.

### Final Comments

May thanked everyone for their participation and contribution to the lively discussion. The comments and points raised would be summarised in a Report and sent to all the participants as well as contributing to the consultation for the Draft Strategic Plan. Lesley Ann encouraged everyone to circulate and complete the online survey.

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