



Communications Survey and Engagement for the Review and Refresh of the HSCP's Communications Strategy: Key Findings

1. Purpose

- 1.1 The purpose of this report is to present the key findings from Glasgow City Health and Social Care Partnership's (HSCP) communications survey and engagement with its three Locality Engagement Forums (LEFs) on HSCP communications. Both were designed to inform the review and refresh of the HSCP's Communications Strategy.

2. Methodology and Participation

- 2.1 The HSCP developed a communications survey (similar to one conducted in early 2017), which was conducted over a 10-week period between 1 November 2019 and 12 January 2020. The survey was extended for a week longer than planned as suggested by South LEF. It was designed for people, communities and organisations to share their views on:

- the HSCP's communications framework – communications vision, objectives and approach and the Joint Media Protocol
- their knowledge of the HSCP, IJB and their work and services
- how they find out about HSCP work and services, and their preferred communication channels
- the usefulness of HSCP communications and
- how HSCP communications can be improved.

- 2.2 The survey was made available for anyone to complete, which included people who are supported by, work with or have an interest in the HSCP. The main stakeholder groups identified included:

- patients, service users and carers
- Glasgow City HSCP LEF members
- the public
- staff from Glasgow City HSCP, Glasgow City Council and NHS Greater Glasgow and Clyde
- IJB Members
- Glasgow City Council Elected Members
- NHS Greater Glasgow and Clyde Health Board Members
- third and independent sector providers/contractors of health and social care services
- third and independent sector organisations/networks
- Community Councils and
- Glasgow Community Planning Partners.

- 2.3 Both web-based and printed versions of the survey were available to complete, and it was made available in a range of community facilities and offices including health and

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care centres, social work offices, residential establishments, GP practices, libraries and community centres among others.

2.4 The survey was promoted through print and digital communication channels – newsletters, emails, websites (Glasgow City HSCP, Your Support Your Way Glasgow and Glasgow City Community Councils webpage) and social media (Twitter and Facebook). During the survey period there were:

- a total of 92 bulk emails sent to the range of stakeholders at Paragraph 3.2 to participate in the survey or share it with their groups/networks, additionally including HSCP Strategic Planning Groups, Carers Groups, Equalities Groups, Public Protection Committees/Groups, Recovery Networks, Kinship Care Groups and Children and Young People Groups
- a total of 28 Twitter and 5 Facebook posts published using the HSCP's, Glasgow City Council's and NHS Greater Glasgow and Clyde's social media platforms
- a total of 33,821 Twitter impressions (the number of times people saw the posts on Twitter) and 892 Twitter engagements (the number of times people interacted with the Tweets including link clicks, detail expands, hashtag/handle clicks, likes and retweets)
- a total of 118 likes, 68 retweets/shares and 170 link clicks to the Twitter and Facebook posts
- 1,457 media views alone of the 'Holly the Reindeer' video published on Twitter platforms (a holiday-themed video promoting the survey). It also generated the most total Twitter engagements at 140
- 740 media views alone of the 'Interim Chief Officer' video published on Twitter platforms (a video by the Interim Chief Officer promoting the survey)
- 1,834 page views of the dedicated webpage on the HSCP's website for the communications survey and
- a total of 1,553 people who accessed the online communications survey on SmartSurvey.

2.5 There were also face-to-face engagement sessions with the HSCP's three LEFs (North East, North West and South), and South Locality LEF had a further session with service users and carers of home care services. These took place between November and December 2019. The sessions were an opportunity to share information about the HSCP's Communications Strategy, and for participants to share their views on how communications can be improved.

2.6 Comments were made within the survey and at face-to-face engagement sessions about the HSCP's approach to and arrangements for participation and engagement. These comments have been shared with relevant officers in the HSCP to inform their review of participation and engagement.

2.7 A total of 1,006 people participated in the Communications Survey and a total of 38 people participated in a LEF meeting/session.

3. Survey Findings

3.1 The key findings of the survey responses are summarised in this section of the report, and full analysis of them are attached at Appendix A.

3.2 **Number of Participants.** A total of 1,553 people accessed the survey, and 1,006 people participated in it with a full response set, which represents a 10.5%

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improvement from the HSCP's previous communications survey in early 2017 (for which 910 people participated). The following analysis is based on the full response set (unless otherwise noted).

3.3 **Background Information.** Survey participants were asked for background information about themselves:

- most were Council and NHS staff – four in five (797, 79.9%) [based on 998 responses]. Almost all of them, over nine in 10 (759, 95.2%), worked within the HSCP. The remaining fifth (201, 20.1%) consisted of a range of stakeholders, the main ones including: patients, service users and carers (72, 7.2%); third and independent sector providers/contractors of health and/or social care services (51, 5.1%); members of the public (20, 2%) and external organisations (public, voluntary and independent) (18, 1.8%)
- the majority were female – seven in 10 (695, 69.6%) [based on 999 responses]
- almost all respondents' current gender was the same as their gender at birth – nine in 10 (895, 90.1%) [based on 993 responses]. About 5% (44) indicated that it was different
- nine in 10 (907, 90.6%) were adults aged 18-64 years [based on 1,001 responses]
- most were White Scottish – over four-fifths (852, 85.1%) [based on 1,001 responses] and
- about a sixth (146, 14.6%) considered themselves to have a long-term illness, health condition or disability that affects their daily activities [based on 999 responses].

3.4 **Communications Framework.** Survey participants were asked a number of questions about different elements of the HSCP's current communications framework. For the most part, they agreed with them:

- most agreed with the communications vision – just under nine in 10 (875, 87%)
- most agreed with the 10 communications objectives – just under nine in 10 (894, 88.9%)
- most agreed with the approach to communications – just under nine in 10 (888, 88.3%) and
- the majority agreed with the Joint Media Protocol – seven in 10 (714, 71%). A sizable proportion, a quarter (257, 25.6%), preferred not to answer/did not have a view on the protocol.

3.5 Survey participants were also asked whether they had any comments on how the HSCP's current communications framework can be improved. Two hundred and twelve participants provided a comment. Where a relevant comment was made, in summary survey participants highlighted:

Communications Vision

- communications are a shared responsibility, not just the responsibility of one person or staff group within the HSCP, partners who work with the HSCP or people supported by the HSCP. This shared responsibility includes moving the vision from just being a vision to something real
- the vision should include the range of stakeholders – people supported by the HSCP, who work with the HSCP or who have an interest in the HSCP
- continue to emphasise the importance of communication in the planning and delivery of HSCP services and achieving the vision for health and social care in Glasgow and
- remove the word 'effective' and 'as appropriate' from the vision.

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Communications Objectives

- review the repetitiveness of the communications objectives and reduce their number to make them more precise
- include within the objective of providing information for stakeholders to be up to date and participate in the planning and delivery of services not just stakeholders who have formal engagement with the HSCP and are directly/indirectly affected but also wider stakeholders who may have an interest/concern or may be affected at some point
- include an objective specifically for staff around providing them with information to do their jobs and
- recognise, celebrate and promote successes of the HSCP and its staff more.

Communications Approach

- the approach to communications should be adhered to by all levels of staff within the HSCP. It is a shared responsibility
- communications should be clear and concise, using language that is straightforward and easily understood ('Plain English'). Language that is ambiguous or overly-complicated or uses jargon or undefined acronyms should be avoided. Specialist terms, abbreviations/acronyms or concepts should be explained. The Communications Strategy itself should also consider its use of language and length, and there should be a summary version
- communications and their implementation should be consistent across various internal and external audiences
- emphasise that communications should be accessible to meet the communications needs of their audience, and include reference to having arrangements in place to communicate in different languages if required
- communications should be disseminated in good time as circumstances allow so that stakeholders have sufficient time to be better informed to participate in the planning and delivery of services
- include an approach that communications should be transparent, that is, authentic, honest and open as appropriate
- include an approach that communications should be targeted to an intended audience, and consideration should be given to the level of communications so that they do not get lost among others
- include an approach that communications should be multi-channel where a range of communications tools and methods are used, not just one – print, digital and face-to-face. Also make more use of social media such as Facebook and YouTube. Improved ways should also continue to be explored to be more inclusive and
- communication activity should include engagement opportunities, and it should be two-way where messages, information, views, ideas, concerns and issues are communicated both 'up and down.'

Joint Media Protocol

- whilst there are joint HSCP views and policies, there may be times where Council and Health Board responsibilities and views diverge. Acknowledgement should be made of the differing roles and responsibilities of them and that they may at times be conflicting, and allowance made for this and
- re-inforce the importance of proactive communications with the media, not just reactive ones.

3.6 **Knowledge of HSCP Integrated Arrangements.** Survey participants were asked how much they knew about key areas of the HSCP's integrated arrangements. In general, there was an improvement in survey participants' knowledge compared to the

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previous communications survey that was conducted in 2017. There were a couple areas where the majority of them knew about the HSCP's integrated arrangements, but there still remained a few areas where the majority of them reported that they had no knowledge:

- almost all knew about/knew a lot about the HSCP – well over nine in 10 (959, 95.3%) (compared to 91.2% in the previous survey)
- the majority knew about/knew a lot about the IJB – just under two-thirds (643, 63.9%) (compared to 57% in the previous survey)
- the majority knew nothing about the IJB Finance, Audit and Scrutiny Committee – just under three-fifths (581, 57.8%) (compared to 73.1% in the previous survey)
- the majority knew nothing about the IJB Public Engagement Committee – three-fifths (611, 60.7%) (compared to 72.6% previously) and
- although under half (449, 44.6%) knew about/knew a lot about the HSCP's LEFs, the majority knew nothing about them – just over half (517, 51.4%) (no comparison is available with the 2017 survey).

3.7 Knowledge of HSCP Strategy and Access to Services. Survey participants were asked how much they knew about the HSCP's strategy for health and social care in Glasgow and how to access services. In general, participants knew about/knew a lot about them, and there was an improvement in survey participants' knowledge in a couple areas compared to the previous communications survey in 2017:

- the majority knew about/knew a lot about the HSCP's Strategic Plan 2019 – 22 – seven in 10 (713, 70.9%) (no comparison is available with the 2017 survey). However, a quarter (260, 25.8%) knew nothing about it
- most knew about/knew a lot about the HSCP's vision for health and social care in Glasgow – over three-quarters (780, 77.5%) (compared to 49.8% in the previous survey)
- the majority knew about/knew a lot about the HSCP's five strategic priorities for health and social care in Glasgow – two-thirds (666, 66.2%). However, three in 10 (297, 29.5%) knew nothing about them and
- almost all knew about/knew a lot about how to access health and social care services – just under nine in 10 (882, 87.7%) (compared to 66.3% in the previous survey).

3.8 Communication Channels. Higher proportions of survey participants got information about the work and services of the HSCP through electronic communication channels:

- the HSCP's website – just under three in five (578, 57.5%)
- HSCP email announcements – just under half (484, 48.1%)
- Glasgow City Council website – just under half (477, 47.4%)
- the HSCP's electronic newsletter/bulletin – over two in five (434, 43.1%); however, in a subsequent question, three-quarters (756, 75.2%) of survey respondents indicated that they received the HSCP's newsletter
- NHS Greater Glasgow and Clyde website – one in three (338, 33.6%)
- staff intranet websites (Connect and/or Staffnet) – one in three (337, 33.5%)
- partner organisation/corporate staff newsletters (Insider and/or Staff Newsletter) – just over a quarter (276, 27.4%)
- staff briefing – just under a quarter (238, 23.7%)
- Your Support Your Way Glasgow website – just under a quarter (228, 22.7%) and
- Glasgow City HSCP Twitter – just under a fifth (178, 17.7%).

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Grapevine/Conversations with other people (262, 26%); staff team meetings with immediate line manager (255, 25.4%) and HSCP events (180, 17.9%) were the most common face-to-face communication channels.

3.9 Preferred Communication Channels. Survey participants were asked to indicate their five preferred ways to get information about the HSCP. The following communication channels featured more highly, which were mainly electronic:

- email announcements – just under three-quarters (734, 73%)
- internet website – just under three-fifths (582, 57.9%)
- newsletter/bulletin – just over half (532, 52.9%)
- staff intranet website – three in 10 (308, 30.6%) and
- staff team meeting with immediate line manager – a quarter (253, 25.2%).

3.10 Usefulness of Communications. Survey participants were asked to rate the usefulness of HSCP communications (for example, email, newsletters, bulletins, website and social media), and there were improvements compared to the communications survey in 2017. Almost all, about nine in 10 (896, 89.1%), found some use in them (compared to 73.5% in the previous survey). Just under two-thirds (642, 63.8%) found them useful/very useful (compared to 34.5% in the previous survey), and a quarter (254, 25.3%) found them a little useful (compared to 38.9% in the previous survey). Around 5% (49, 4.9%) found them not useful at all (compared to 16.1% in the previous survey).

3.11 Improvements. Two-fifths (398, 39.6%) of survey participants believed that improvements can be made to communications about the HSCP and Health and Social Care Integration in Glasgow (compared to 53.2% in the 2017 communications survey).

3.12 How Improvements Can Be Made. Survey participants (398) who reported that improvements can be made identified how they can:

- improve the ways in which groups of people are currently communicated with (that is, communication channels) – the majority at three-fifths (241, 60.6%)
- improve the approach to communications so that they are more accessible (for example, jargon, acronyms and key messages) – the majority at three-fifths (240, 60.3%)
- increase the use of particular ways in which groups of people are communicated with (for example, websites, social media, newsletters/briefings and events) – the majority at over half (217, 54.5%)
- improve information on the HSCP, IJB and Health and Social Care Integration – over two-fifths (172, 43.2%) and
- 69 (17.3%) respondents identified other improvements. The main ones were:
 - ensure communications are clear and concise, and where relevant, create 'easy read' or summary versions of documents
 - ensure communications are accessible to meet the communications needs of their audience, and have arrangements in place to communicate in different languages if required
 - ensure communications are targeted, and consider the number of them so that there is not an 'overload' and they are potentially missed/lost among others. Further, some survey respondents suggested summary briefing notes on service areas and developments, particularly presenting a 'whole story,' for a range of stakeholders, whereas some respondents suggested

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reducing the use of written briefing notes and using other communication methods (for example, video and face-to-face meetings), as respondents did not have the time to read the number of communications issued

- create a 'one-stop shop' of communication channels for managers and staff to improve the stream of information
- have HSCP staff face-to-face engagements sessions with Senior Management Team members, especially when there are significant changes and
- include Community Councils in the distribution list for HSCP communications (for example, the HSCP's newsletter).

3.13 Improvement Suggestions. About a sixth (160, 15.9%) of survey participants suggested how improvements can be made. In summary, the main suggestions were:

Improve information on the HSCP, IJB and Health and Social Care Integration

- improve information about the work and services of the HSCP (particularly a 'whole picture'), and publicise what events are taking place. This can include the development of briefing notes and service directories or other communication methods such as videos on service areas and developments to increase awareness and understanding. There was a view that videos were more effective than briefing notes as there was already a sufficient number of print materials and most people do not have time to read documents
- review and update information that is available on staff intranets
- when communicating about transformational change programmes/projects, include within them more detail about the impact they may have, that is, what the change will mean
- support groups and networks, particularly equalities ones, to be communication channels in order to increase communication with groups of people who do not engage with regular, established HSCP communication channels used. Performance management frameworks for initiatives should also measure and evaluate whether they are increasing communication with target groups and
- support staff to keep up to date with communication issues.

Improve the approach to communications so that they are more accessible (for example, jargon, acronyms and key messages)

- improve the targeting of emails/communication more generally. Stakeholders should ideally receive emails directly relevant to them and not those that are irrelevant, and communications should be clear who they are for. Alternatively those of a higher importance or greater relevance should be more apparent without the need to open the communication. The objective would be to better support individuals to manage their own incoming communications more effectively such that they do not miss relevant information but also do not waste time on communications of no value to them. Also consider the amount of information included in emails, and incorporate more bullets to summarise key information and messages and provide hyperlinks for further information
- make communications more clear and concise (that is, 'bitesize'), and use language that is straightforward and easily understood, that is, 'Plain English'
- communicate information timeously as circumstances allow so that people find out about things first-hand rather than through a third party such as the media, and so that people also have adequate time to share their views and ideas
- use a range of communication channels, not just one (particularly email), in order to meet the communication needs of different audiences and increase the number of people receiving them – particularly making available printed communications for older people and

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- involve stakeholders in the development of communications and events, particularly to make them more accessible.

Improve the ways in which groups of people are currently communicated with (that is, communication channels)

- streamline the range of staff communication channels so that they are more efficient and there's more awareness of them (for example, email announcements, newsletters and briefings). Also make corporate communications of the partner organisations available to both Council and Health staff working within the HSCP
- provide services with designated email addresses to enable patients and service users to communicate with service contractors/providers
- regular review and feedback arrangements should become part of the HSCP's Communications Strategy
- communication needs to be a core agenda item for HSCP team meetings to ensure all staff are aware of and involved in the implementation of strategy and the vision for health and social care in Glasgow, particularly managers
- publicise the work and services of the HSCP across communities in Glasgow
- reduce the length of the HSCP's newsletter and
- increase face-to-face staff sessions with Senior Management Team Members where updates, sharing of information and feedback take place directly with staff at all levels. Face-to-face sessions, in addition to emails, websites and newsletters can have a bigger impact on staff than only reading briefings. This enables staff to see and hear information first-hand, reflect and engage.

Increase the use of particular ways in which groups of people are communicated with (e.g., websites, social media, newsletters/briefings and events)

- develop directories or videos of the work and services of the HSCP to keep stakeholders up to date
- have regular staff briefing sessions/team meetings to enable staff to share their views, and have other ways in which staff can share their views (for example, staff survey)
- make better use of mobile apps to communicate with stakeholders
- create a 'one-stop shop' of communication channels for managers and staff to streamline and access communications
- include Community Councils and local groups and networks in the distribution list for HSCP communications (for example, the HSCP's newsletter) and
- increase the use of social media for the HSCP – Twitter, Facebook and YouTube.

4. Locality Engagement Forum (LEF) Engagement

4.1 The face-to-face engagement sessions with the HSCP's three LEFs and South Locality LEF's engagement session with service users and carers of home care services were asked to share their views on how the HSCP communicates. They were asked how they got their information about the HSCP, its work and services; what their five preferred methods for getting information were and what suggestions they had for how communications can be improved.

4.2 **LEF Engagement Participation.** A total of 38 people attended one of the face-to-face engagement sessions, consisting of:

- 22 (57.9%) patients/service users of health and/or social care services
- 8 (21.1%) carers of someone who uses health and/or social care services
- 2 (5.3%) IJB Members

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- 3 (7.9%) third/independent sector providers/contractors of health and/or social care services and
- 3 (7.9%) third sector external organisations/networks.

4.3 The key points and summary of the discussions included:

- participants mainly got their information about the HSCP through face-to-face engagement and print communications (for example, LEF meetings, HSCP staff, GP, presentations and reports/papers). Some participants also got their information through electronic communication channels but they were less so (for example, email and the HSCP's website)
- a range of communication channels – print, electronic, social media and face-to-face – should be used to communicate information and messages about the work and services of the HSCP, as different communities and age groups have different communication needs and preferences. Participants generally preferred face-to-face and print communications over electronic and social media ones to meet their communication needs, and they believed that face-to-face communication was the most effective when engaging with members of communities who do not have on-going engagement with the HSCP. They also believed that face-to-face communication in particular is a good way of explaining the impacts of change. The use of communication channels should further take account of reading age and illiteracy, and alternative methods such as video can be effective when communicating with audiences who have not been able to engage with print communications
- communication particularly through email should be targeted, as often people filter emails and may miss key information and messaging. Email compatibility also needs to be taken into account, and people who receive them need to be able to open them
- communication is not the responsibility of one person or one organisation. The HSCP should reinforce that all staff and partners are responsible for good and consistent communications
- case studies and real life examples should be used in communications to illustrate and back up information and messages, and they can be an effective way of communicating change, and specifically how the change will affect patients, service users and carers
- communications need to be transparent, that is, authentic, honest and open where they can be. It is important that there is an honesty and openness when there is change and explaining it – what it is, why it is, what gaps in service provision may incur and what impact the change may have on patients, service users and carers. It is also important to be honest and open when things are not working, and having solutions for how things can be improved
- communication is a two-way process. It is important for communication activity to include an engagement element so that patients, service users, carers and other interested parties can share their views, ideas, concerns and issues, particularly where there is change. Participants also believed that the HSCP needs to act on the views and ideas of stakeholders, but also be honest and open with people and tell them why when they do not carry out popular/significant suggestions or comments. Meaningful engagement requires good, active listening skills
- communications, especially reports, need to be succinct, to the point and clear to read. Reports and documents including strategies can be condensed so they are easier to read. Easy read or summary versions of documents should be made available where possible

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- the use of acronyms should be kept to a minimum. When acronyms are used, they should be defined where they are used or within a glossary at the beginning or end of a document
- the use of jargon should also be kept to a minimum. Where specialist terms, concepts or ideas are used, they should be explained in language that is straightforward and easily understood, that is, 'Plain English.' This will help communications to be more clear and concise. Jargon can make patients, service users, carers and other interested parties feel excluded and disinclined to engage with future communications
- a guidance note with communication 'hints and tips' for HSCP staff should be developed to improve the accessibility of HSCP communications
- the HSCP's public leaflet on Health and Social Care Integration should be reviewed and updated, and ones should be developed for the IJB Committees and LEFs and
- make the HSCP's newsletter more widely available in hard copy/print formats and have more information contained within it about services. Participants were particularly keen for the newsletter to be in GP surgeries.

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Appendix A: Survey Responses Full Analysis

1. Glasgow City HSCP's Communications Strategy vision is:"Glasgow City HSCP is committed to effective communications with its stakeholders so that they are aware of, understand and are engaged in its work as appropriate. Good communication assists in the planning and delivery of health and social care services, supporting the Partnership to improve outcomes for its stakeholders and achieve its vision for health and social care services in Glasgow City."Do you agree with Glasgow City HSCP's communications vision? Please tick one.




			Response Percent	Response Total
1	Yes		86.98%	875
2	No		3.78%	38
3	Prefer not to answer / Do not know		9.24%	93
			answered	1006
			skipped	0

2. Glasgow City HSCP's Communications Strategy has 10 communications objectives:1. create awareness, understanding and engagement of the Partnership's vision for health and social care services within Glasgow City2. assist in the development, promotion and embedding of the Partnership's shared culture – its identity, values and behaviours3. provide information about the Partnership that enables its stakeholders to be kept up to date on and/or participate (as appropriate) in the planning and delivery of services (for example, its strategic direction, services, people and places)4. provide stakeholders with opportunities to share their views and ideas to contribute to the transformational change of health and social care services within Glasgow City5. provide information about the Partnership's services (contracted/purchased or provided) so that people can make better informed decisions about meeting their health and social care needs and aspirations6. make stakeholders of the Partnership aware of any issues that may affect them7. assist in developing, sharing and promoting best professional practice8. create awareness of, promote, recognise and celebrate successes of the Partnership9. uphold, promote and embed the approaches, standards and governance for effective communications by the Partnership as set out within its Communications Strategy and10. keep apace with new, innovative ways of communicating so that the Partnership continues to improve its communications and engagement.Do you agree with Glasgow City HSCP's communications objectives? Please tick one.




			Response Percent	Response Total
1	Yes		88.87%	894
2	No		3.48%	35
3	Prefer not to answer / Do not know		7.65%	77
			answered	1006
			skipped	0

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3. Glasgow City HSCP's Communications Strategy (on page 25) describes its approach to communications, where communications should be clear; concise; consistent; accessible; timely, accurate and approved; three-way; evidence-based; and endorsed. Do you agree with Glasgow City HSCP's approach to communications? Please tick one.

			Response Percent	Response Total
1	Yes		88.27%	888
2	No		4.27%	43
3	Prefer not to answer / Do not know		7.46%	75
			answered	1006
			skipped	0

4. Glasgow City HSCP has a Joint Media Protocol for communications with the media (proactive and reactive), which is summarised in the Communications Strategy on pages 27-28. Do you agree with Glasgow City HSCP's Joint Media Protocol? Please tick one.

			Response Percent	Response Total
1	Yes		70.97%	714
2	No		3.48%	35
3	Prefer not to answer / Do not know		25.55%	257
			answered	1006
			skipped	0

5. Do you have any comments on how Glasgow City HSCP's communications vision; objectives; approach or Joint Media Protocol can be improved? Please comment.

			Response Percent	Response Total
1	Open-Ended Question		100.00%	212
			answered	212
			skipped	794

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6. How much do you know about the following? Please tick one answer for each category.

	I know a lot about it	I know about it	I know nothing about it	Prefer not to answer / Do not know	Response Total
Glasgow City Health and Social Care Partnership	38.5% (387)	56.9% (572)	3.3% (33)	1.4% (14)	1006
Glasgow City Integration Joint Board	14.5% (146)	49.4% (497)	32.9% (331)	3.2% (32)	1006
Glasgow City IJB Finance, Audit and Scrutiny Committee	4.6% (46)	33.6% (338)	57.8% (581)	4.1% (41)	1006
Glasgow City IJB Public Engagement Committee	3.7% (37)	31.4% (316)	60.7% (611)	4.2% (42)	1006
Glasgow City Locality Engagement Forums / Network	5.2% (52)	39.5% (397)	51.4% (517)	4.0% (40)	1006
				answered	1006
				skipped	0

7. How much do you know about the following? Please tick one answer for each category.









	I know a lot about it	I know about it	I know nothing about it	Prefer not to answer / Do not know	Response Total
Glasgow City HSCP's Strategic Plan 2019 – 22	18.4% (185)	52.5% (528)	25.8% (260)	3.3% (33)	1006
Glasgow City HSCP's vision for health and social care in Glasgow	20.2% (203)	57.4% (577)	19.4% (195)	3.1% (31)	1006
Glasgow City HSCP's 5 strategic priorities for health and social care in Glasgow	17.4% (175)	48.8% (491)	29.5% (297)	4.3% (43)	1006
How to access health and social care services	30.9% (311)	56.8% (571)	9.9% (100)	2.4% (24)	1006
				answered	1006
				skipped	0

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8. How do you get information about Glasgow City HSCP and its work and services? Please tick all that apply.				
			Response Percent	Response Total
1	Glasgow City HSCP website (www.glasgowcity.hscp.scot)		57.46%	578
2	Glasgow City HSCP's Your Support Your Way Glasgow website (www.yoursupportglasgow.org)		22.66%	228
3	Glasgow City Council website (www.glasgow.gov.uk)		47.42%	477
4	NHS Greater Glasgow and Clyde website (www.nhsggc.org.uk)		33.60%	338
5	Glasgow City HSCP Twitter		17.69%	178
6	Glasgow City Council Twitter		10.54%	106
7	NHS Greater Glasgow and Clyde Twitter		7.16%	72
8	Glasgow City Council Facebook		5.86%	59
9	NHS Greater Glasgow and Clyde Facebook		5.77%	58
10	Glasgow City HSCP email announcements		48.11%	484
11	Glasgow City HSCP newsletter / bulletin		43.14%	434
12	Glasgow City Integration Joint Board meetings papers (agendas, minutes and reports)		14.51%	146
13	Glasgow City HSCP Locality Engagement Forum / Network		5.67%	57
14	Glasgow City HSCP Leaflet / Poster		15.41%	155
15	Notice boards in health and care centres, social work offices, libraries, community centres or other places		18.99%	191
16	Television screens in health and care centres, social work offices, libraries, community centres or other places		11.43%	115
17	Glasgow City HSCP Event		17.89%	180
18	Glasgow City HSCP consultation and engagement		12.62%	127
19	Glasgow City HSCP campaign or initiative		8.15%	82
20	STAFF Intranet website for Council or Health employees – Connect or Staffnet		33.50%	337
21	STAFF magazine / newsletter for Council or Health employees – Insider or Staff News		27.44%	276























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**8. How do you get information about Glasgow City HSCP and its work and services?
Please tick all that apply.**

			Response Percent	Response Total
22	STAFF briefing for Council or Health employees (e.g., Core Brief, Corporate Briefing or Managers' / Staff Briefing)		23.66%	238
23	STAFF team meeting with immediate line manager for Council or Health employees		25.35%	255
24	STAFF session with a Glasgow City HSCP Senior Management Team Member for Council or Health employees		10.74%	108
25	STAFF Trade Union/Staffside		13.72%	138
26	Press/External media		13.02%	131
27	Grapevine / Conversation with other people		26.04%	262
28	Other external website / social media / email		8.45%	85
29	Prefer not to answer / Do not know		3.88%	39
			answered	1006
			skipped	0




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9. What are your FIVE preferred ways for getting information about Glasgow City HSCP? Please tick five responses.



			Response Percent	Response Total
1	Internet website		57.85%	582
2	Social media (e.g., Twitter and Facebook)		28.03%	282
3	Email announcements		72.96%	734
4	Newsletter / Bulletin		52.88%	532
5	Glasgow City Integration Joint Board meetings papers (agendas, minutes and reports)		12.43%	125
6	Glasgow City HSCP Locality Engagement Forum / Network		6.56%	66
7	Leaflet / Poster		17.10%	172
8	Notice boards in health and care centres, social work offices, libraries, community centres or other places		13.32%	134
9	Television screens in health and care centres, social work offices, libraries, community centres or other places		10.34%	104
10	Event		16.10%	162
11	Consultation and engagement		16.50%	166
12	Campaign or initiative		3.58%	36
13	STAFF Intranet website for Council or Health employees – Connect or Staffnet		30.62%	308
14	STAFF magazine / newsletter for Council or Health employees – Insider or Staff News		17.00%	171
15	STAFF briefing for Council or Health employees (e.g., Core Brief, Corporate Briefing or Managers' / Staff Briefing)		13.32%	134
16	STAFF team meeting with immediate line manager for Council or Health employees		25.15%	253
17	STAFF session with a Glasgow City HSCP Senior Management Team Member for Council or Health employees		9.54%	96
18	STAFF Trade Union/Staffside		7.46%	75
19	Press / External media		3.98%	40
20	Grapevine / Conversation with other people		7.06%	71
21	Other external website / social media / email		3.38%	34
22	Prefer not to answer / Do not know		3.28%	33
			answered	1006
			skipped	0

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10. Do you currently receive Glasgow City HSCP's newsletter by email? Please tick one.

			Response Percent	Response Total
1	Yes		75.15%	756
2	No		20.68%	208
3	Prefer not to answer		4.17%	42
			answered	1006
			skipped	0






11. Would you like to subscribe to Glasgow City HSCP's newsletter and email announcements? Please tick one.

			Response Percent	Response Total
1	Yes		42.06%	106
2	No		57.94%	146
			answered	252
			skipped	754

12. Please provide your email address to receive Glasgow City HSCP's newsletter and email announcements.




			Response Percent	Response Total
1	Open-Ended Question		100.00%	104
			answered	104
			skipped	902

13. In general, how useful do you find the communications issued by Glasgow City HSCP (e.g., email, newsletters, bulletins, website and social media)? Please tick one.






			Response Percent	Response Total
1	Very useful		20.28%	204
2	Useful		43.54%	438
3	A little useful		25.25%	254
4	Not useful at all		4.87%	49
5	Prefer not to answer / Do not know		6.06%	61
			answered	1006
			skipped	0

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14. Can there be any improvements in communications about Glasgow City HSCP and health and social care integration in Glasgow? Please tick one.

			Response Percent	Response Total
1	Yes		39.56%	398
2	No		25.45%	256
3	Prefer not to answer / Do not know		34.99%	352
			answered	1006
			skipped	0

15. How can communications about Glasgow City HSCP and health and social care integration in Glasgow be improved? Please tick all that apply.

















			Response Percent	Response Total
1	Improve information on Glasgow City HSCP, Glasgow City Integration Joint Board and Health and Social Care Integration		43.22%	172
2	Improve the approach to communications so that they are more accessible (e.g., jargon, acronyms and key messages)		60.30%	240
3	Improve the ways in which groups of people are currently communicated with (i.e., communications channels)		60.55%	241
4	Increase the use of particular ways in which groups of people are communicated with (e.g., websites, social media, newsletter/briefings and events)		54.52%	217
5	Other (please specify):		17.34%	69
			answered	398
			skipped	608

16. Do you have any suggestions on how the improvements can be made?




			Response Percent	Response Total
1	Open-Ended Question		100.00%	160
			answered	160
			skipped	846

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17. Which category best describes your relationship to Glasgow City HSCP? Please tick one.




			Response Percent	Response Total
1	Patient or service user of health and / or social care services		4.11%	41
2	Carer of someone who uses health and / or social care services		3.11%	31
3	Member of the public		2.00%	20
4	Employee of Glasgow City Council		53.31%	532
5	Employee of NHS Greater Glasgow and Clyde		26.55%	265
6	Glasgow City Integration Joint Board Member		0.60%	6
7	Glasgow City Council Elected Member (not a member of Glasgow City IJB)		0.00%	0
8	NHS Greater Glasgow and Clyde Health Board Member (not a member of Glasgow City IJB)		0.30%	3
9	Trade Union or Staffside		0.20%	2
10	Third / Voluntary Sector Provider / Contractor of health and / or social care services		4.11%	41
11	Private / Independent Sector Provider / Contractor of health and / or social care services		1.00%	10
12	GP / Primary Care Contractor		0.10%	1
13	External Organisation – Public/Statutory		0.30%	3
14	External Organisation/Network – Third / Voluntary Sector		1.10%	11
15	External Organisation/Network – Independent / Private Sector		0.40%	4
16	Prefer not to answer		2.20%	22
17	Other (please specify):		0.60%	6
			answered	998
			skipped	8





18. Do you work within Glasgow City HSCP? Please tick one.

			Response Percent	Response Total
1	Yes		94.88%	759
2	No		4.00%	32
3	Prefer not answer		1.13%	9
			answered	800
			skipped	206

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19. What is your sex? Please tick one.				
			Response Percent	Response Total
1	Male		24.52%	245
2	Female		69.57%	695
3	Other		0.30%	3
4	Prefer not to answer		5.61%	56
			answered	999
			skipped	7

20. Is your current gender different to your gender at birth? Please tick one.				
			Response Percent	Response Total
1	Yes		4.43%	44
2	No		90.13%	895
3	Prefer not to answer		5.44%	54
			answered	993
			skipped	13




21. What is your current age? Please tick one.				
			Response Percent	Response Total
1	0-17 years		1.80%	18
2	18-64 years		90.61%	907
3	65 and over years		3.40%	34
4	Prefer not to answer		4.20%	42
			answered	1001
			skipped	5

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22. What is your ethnicity? Please tick one.				
			Response Percent	Response Total
1	White – Scottish		85.11%	852
2	White – Other British (tick and specify below)		6.09%	61
3	White – Irish		0.80%	8
4	White – Gypsy / Traveller		0.00%	0
5	White – Polish		0.10%	1
6	White – Other Ethnic Group (tick and specify below)		1.00%	10
7	Pakistani, Pakistani Scottish or Pakistani British		0.40%	4
8	Indian, Indian Scottish or Indian British		0.20%	2
9	Bangladeshi, Bangladeshi Scottish or Bangladeshi British		0.00%	0
10	Chinese, Chinese Scottish or Chinese British		0.20%	2
11	Asian – Other (tick and specify below)		0.20%	2
12	African, African Scottish or African British		0.50%	5
13	African – Other (tick and specify below)		0.10%	1
14	Caribbean, Caribbean Scottish or Caribbean British		0.20%	2
15	Caribbean – Other (tick and specify below)		0.00%	0
16	Black, Black Scottish or Black British		0.00%	0
17	Black – Other (tick and specify below)		0.00%	0
18	Arab, Arab Scottish or Arab British		0.00%	0
19	Other Ethnic Group (tick and specify below)		0.20%	2
20	Any Mixed or Multiple Ethnic Group (tick and specify below)		0.50%	5
21	Prefer not to answer		4.40%	44
			answered	1001
			skipped	5

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23. Do you consider yourself to have a long-term illness, health condition or disability that affects your daily activities? Please tick one.

			Response Percent	Response Total
1	Yes		14.61%	146
2	No		79.78%	797
3	Prefer not to answer		5.61%	56
			answered	999
			skipped	7