Glasgow City Integration Joint Board

Strategic Plan 2019-22

Consultation Summary

March 2019

1. Background

The Integration Joint Board (IJB) is required to produce a Strategic Plan for Health and Social Care services within Glasgow City that drives the work of the Glasgow City Health and Social Care Partnership (through direction to the Council and Health Board). Legislation prescribes that the plan be reviewed every three years. The first Strategic Plan 2016-19, approved by the IJB on 21 March 2016, came into effect on 1 April 2016 and runs until March 2019. A revised plan is therefore required covering the period 2019-2022.

Work to develop a draft three-year Strategic Plan (2019-22) for health in social care in Glasgow began in February 2018, and the Glasgow City Integration Joint Board (IJB) approved a plan and approach to develop the draft Plan at its meeting in March 2018. A draft Strategic Plan for 2019-22 has been drafted and subject to public consultation in line with statutory requirements and the IJB's own Consultation and Engagement Guidelines.

This report provides a summary of consultation and engagement activity involving a range of stakeholders and analysis of the feedback received during the consultation period, which ran from October 2018 to January 2019, to develop the Strategic Plan.

A robust consultation, engagement and communications strategy was essential to the development of the Strategic Plan ('the Plan') to ensure that all stakeholders had an opportunity to contribute to its development. The IJB Public Engagement Committee agreed the draft Consultation, Engagement and Communications Strategy for the Strategic Plan in May 2018. The consultation strategy was informed by the IJBs Participation and Engagement Strategy and Consultation Guidelines.

2. Methodology

A variety of methods were used to engage with stakeholders to obtain views and opinions in relation to the Strategic Plan 2019-22, including:

- pre-consultation and engagement
- Awareness-raising mailings to various distribution lists held by GCHSCP (with recipients asked to share with their own networks)
- events
- consultation surveys (online and paper)
- public websites (GCHSCP Consultation and Engagement webpage and Glasgow City Council Community Council Briefing webpage)
- social media campaign
- articles in the GCHSCP public newsletter.

2.1 Pre-consultation and engagement

The consultation process was informed by a programme of pre-consultation activity, including consultation and engagement with IJB Members and Substitutes, and HSCP senior officers. The IJB's development session in April 2018 included consultation on the proposed vision and priorities for health and social care, with Members, Substitutes and senior officers given the opportunity to comment in advance of the session via email, at the session itself and afterwards via an online

survey. The draft Plan was also included in the programme for the IJB's development session in August 2018.

Locality Engagement Forums also incorporated pre-consultation and consultation engagement opportunities within their existing engagement activity and fed back the views of their members.

2.2 Awareness-raising mailings

A number of messages were sent to stakeholders to raise awareness of the consultation in an effort to maximise the survey response rate and interest in the consultation events.

Table 1: Stakeholder email recipients

Audience	Number of emails sent
All Partnership Staff (GCHSCP)	5
IJB Members	3
Elected Members	3
Health Board Members	3
Council Senior Managers	3
Health Board Senior Managers	3
Providers	5
Other HSCP's	2
HSCI Newsletter subscribers	1

2.3 Events

Seven events were hosted by Glasgow City HSCP at the Royal Concert Hall and City Chambers. The events were themed under the following headings:

- Strategic Planning Forum
- Children's Services
- Older People Services
- Adult Services
- Primary Care
- Housing
- Provider Event.

In addition to the seven consultation events that GCHSCP hosted, consultation on the draft Plan was included as part of the agenda for **GCHSCP's Mainstreaming Equalities Event** (November 2018) and the **GCHSCP's Partnership-wide Leadership Event** (December 2018). **Glasgow Disability Alliance** also held an event for its members in January 2019 to consult on the draft Strategic Plan. GCHSCP staff supported the planning of this event, which featured presentations from the (then) Chair of the IJB and Senior Officers in the GCHSCP, as well as planned input from a number of GCHSCP staff at table discussions.

Following each GCHSCP-hosted event, invitees were sent an email reminder to encourage completion of the online Consultation survey, and event participants were sent an email to request feedback via a web-based survey to share their views on the event they attended and enable GCHSCP to learn what worked well and where improvements could be made for future consultation opportunities.

Locality Engagement Forums were used widely to provide updates and information on the Strategic Plan and upcoming consultation opportunities, and to engage in more detailed discussions and question and answer sessions with forum members. In total there were twelve Locality Engagement Forum events where the Strategic Plan was discussed and the views of members taken into account.

2.4 Consultation survey

A semi structured online survey was developed to gather quantitative and qualitative feedback on the Strategic Plan. The survey focused on gathering views on the Vision and Strategic Priorities outlined in the Plan and the activity that the HSCP had highlighted that will be progressed during the lifetime of the Plan. The questionnaire was shared with the stakeholders outlined in Table 1 above to encourage completion. The survey was also promoted; on the HSCP website; through daily tweets and social media activity; by sharing the link via presentations delivered at the events; emails to those on distribution lists for events and through the GCHSCP newsletter.

In response to feedback from those who felt that the draft Plan and survey were too large and detailed to engage with a decision was taken early in January 2019 to develop a shorter version of the Plan that people could engage with more easily. This version was added to the channels referred to above for respondents to complete if they preferred.

2.5 Public websites

Information on the draft Plan and the consultation events and survey was made available on the GCHSCP Consultation and Engagement webpage and Glasgow City Council Community Council Briefing webpage. A link to the survey was also added to the Your Support Your Way Glasgow website, a website developed and managed by GCHSCP staff to contain information on health and social care services throughout the city.

2.6 Social Media campaign

During the Consultation period information was shared through a social media campaign that included use of the following channels:

- GCHSCP Twitter account (twitter.com/gchscp)
- GCHSCP Chief Officer Twitter account (twitter.com/dw_gchscp)
- Glasgow City Council Twitter account (twitter.com/glasgowcc)
- NHS Greater Glasgow and Clyde Twitter account (twitter.com/NHSGGC)
- Glasgow City Council Facebook account (www.facebook.com/GlasgowCC) and
- NHS Greater Glasgow and Clyde Facebook account (http://www.facebook.com/nhsggc).

3. Levels of engagement

By using the extensive range of different communication and engagement channels referred to above the consultation reached a range of stakeholders over and above what is prescribed in the legislation for consulting on Strategic Plans. This included:

- Strategic Planning Groups
- Locality Engagement Forums
- Members of the public
- Patients, service users and carers
- IJB Members
- National and local representative groups and forums
- Third and independent sector organisations and providers and independent contractors
- Equalities groups
- Housing associations / RSLs
- Staff working within Glasgow City HSCP including GPs
- Other staff of Glasgow City Council and NHS Greater Glasgow and Clyde
- Elected Members and Health Board Members
- Community Councils
- Community Planning Partners and
- Other Health and Social Care Partnerships.

Table 2 below illustrates the level of engagement with the seven events hosted by GCHSCP. In total 546 people attended the events and contributed well to the discussion.

Table 2: Attendance at events

Event	Date	Number of Attended
Strategic Planning Forum	6 November 2018	83
Children's Services	23 November 2018	73
Older People's Services	29 November 2018	85
Adult Services	6 December 2018	60
Primary Care	10 January 2019	59
Housing	11 January 2019	71
Providers (Social Care)	16 January 2019	115
Total		**546**

When attendance at the GCHSCP Mainstreaming Equalities Event, GCHSCP Partnership-wide Leadership Event, Glasgow Disability Alliance event and Locality Engagement Forum sessions are taken into consideration, in excess of 1000 people attended a face to face opportunity to discuss and feedback on the draft Plan.

Web traffic on the Glasgow City HSCP dedicated webpage for the consultation on the draft Plan during the Consultation period showed **3,585** page views, of which 3,047 (85%) were unique (i.e. people on the page for the first time). The draft Plan was downloaded **1,354** times with the executive version downloaded **227** times since its addition in early January. During the Consultation period **1229** people clicked on the link to start the survey, with **429** completed surveys submitted in total. It is not possible to know why people who landed on the survey opted not to complete it although we can see that in the main they left the survey very early without leaving feedback. Whilst this is disappointing, and is something the HSCP will seek to address in future consultations, it is encouraging that the awareness-raising activity led such a large number of potential respondents to the survey.

In total, **80** tweets were sent out over the consultation period. The tweets generated 276 likes and were retweeted 268 times. The Partnership also tweeted a video of the Chief Officer, which encouraged people to complete the consultation. The video was tweeted from both the Chief Officer's account and the Partnership account and was viewed 2,603 times. Eight Facebook posts were sent out which were then shared 37 times. Due to the software used for the Council's social media platform, we were able to see that the consultations posts of the Council's Facebook page were seen by **12,085** people. No comments were received via Facebook.

Table 3 below provides a summary of the engagement through the social media platforms used by the HSCP during the Consultation.

Table 3: Social Media activity

Channel	No of Tweets / Posts	Number of Retweets / Shares	Number of Likes	Reach (Facebook)	Views (twitter video)	No. of Comments
GCHSCP Twitter twitter.com/gchscp	44	186	146	n/a	1811	1
GCHSCP's Chief Officer Twitter twitter.com/dw_gchscp	16	71	115	n/a	792	1
GCC Twitter twitter.com/glasgowcc	11	10	13	n/a	n/a	2
GCC Facebook www.facebook.com/GlasgowCC	4	16	13	12,085	n/a	0

NHS Twitter twitter.com/NHSGGC	9	1	2	n/a	n/a	0
NHS Facebook http://www.facebook.com/ nhsggc	4	21	13	n/a	n/a	0
Totals	**88**	**305**	**302**	**12085**	**2603**	**4**

An element of the Consultation events and Consultation surveys participants was voluntary completion of Equalities Monitoring Forms to assist GCHSCP to understand the reach of engagement during the consultation process. Forms were completed by **233** individuals, of whom just under two thirds were female and just under a quarter were male. Just under one in ten said they would describe their gender as different to when they were born. Whilst not everyone wanted to answer the question, just over one in ten people described themselves as having a disability.

A range of different religious groups were represented in the form responses. These included; Church of Scotland (17.6%); Roman Catholic (16.7%); Other Christian (7.3%); Buddhist (1.3%); Church of England (0.9%); Humanist (0.9%); Hindu (0.4%) and Muslim (0.4%).

The largest group of respondents identified themselves as White Scottish (nearly three quarters), with low numbers identifying themselves as being White Irish (6), African (3), Indian (1), Pakistani (1) and Black Scottish/Black British (1).
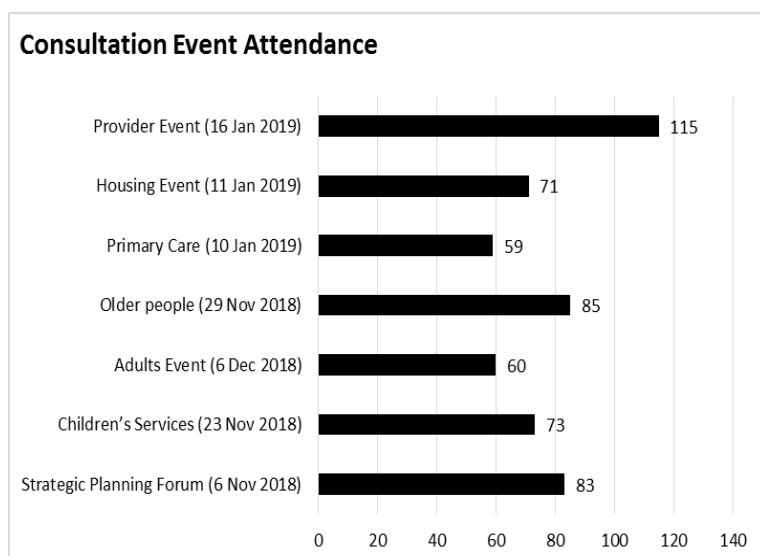
The age groups of respondents to the Consultation who completed the Equalities Monitoring Form are summarised in Table 4 below.

Table 4: Equalities Monitoring Forms by Age Group

Age Group	No'	%
18-24 years	1	0.4
25-34 years	13	5.6
35-44 years	34	14.6
45-54 years	78	33.5
55-64 years	75	32.2
65-74 years	7	3.0
No Answer	25	10.7
Total	**233**	**100.0**

4. Consultation findings

4.1 Number of people participating: Strategic Plan Events

Consultation Event Attendance

Event	Attendance
Provider Event (16 Jan 2019)	115
Housing Event (11 Jan 2019)	71
Primary Care (10 Jan 2019)	59
Older people (29 Nov 2018)	85
Adults Event (6 Dec 2018)	60
Children's Services (23 Nov 2018)	73
Strategic Planning Forum (6 Nov 2018)	83

A total **546** attendees came to the Strategic Plan events. Attendees came to the events by invitation from the HSCP, based on existing and updated distribution lists. Some attendees, depending on their area of interest, came to more than one event.

The graph on the left shows number of individuals attending per Strategic Plan event. Numbers attending ranged from 59 attending the Primary Care event to 115 attending the Provider Event.

4.2 Online survey participants

437 individuals took part in the online Survey with **429 (98%)** completing questions relating to the full version of the strategic plan and **8 (2%)** to the shortened version. Some respondents did not complete the full questionnaire but focused on areas relevant only to them. Any percentage calculations presented within the report are therefore based on numbers completing individual questions.

Of the **437** respondents taking part in the survey:

- **357** were classed as individuals, **72** as representing an organization, and **8** did not answer the question
- Of the 72 people representing an organization, a significant number said they were from the third sector and others said they were from the HSCP or Greater Glasgow Health Board. Third sector workers completing the questionnaire brought specialism to the discussions from one or more of the following areas:

  - Children & Families
  - Disabilities
  - Education
  - Equality
  - Health & Wellbeing
  - Home care
  - Housing
  - Mental Health
  - Nursing and Residential Care
  - Poverty
  - Transport
  - Health & Social Care

- 174 people left an email address to receive feedback at the end of the consultation period. It is proposed that a copy of this summary is sent to these respondents.

4.3 Online Survey Quantitative Data

The majority of respondents said they were in agreement with: 'the vision for integrated health & social care services', 'key priorities of the Strategic Plan', and 'actions highlighted to achieve priorities each of the priorities'. Just over two fifths (42%) said other key priorities should also feature in the plan. These points are covered later in this report.

QUESTIONS	YES
Do you agree with the integration Boards vision for integrated health & social care services in Glasgow	84%
Do you agree with the key priorities of the Strategic Plan	92%
Are there any other key priorities that should feature in the plan	42%
Pages 18-20 of the draft Strategic Plan outline some of the actions which we will take to achieve our priority of early intervention, prevention and harm reduction. Do you agree these actions will help us to achieve this priority?	88%
Pages 21-22 of the draft Strategic Plan outline some of the actions which we will take to achieve our priority of providing greater self-determination and choice. Do you agree these actions will help us to achieve this priority?	85%
Pages 23-25 of the draft Strategic Plan outline some of the actions which we will take to achieve our priority of shifting the balance of care. Do you agree these actions will help us to achieve this priority?	82%
Pages 26-27 of the draft Strategic Plan outline some of the actions which we will take to achieve our priority of enabling independent living for longer. Do you agree these actions will help us to achieve this priority?	85%
Pages 28-29 of the draft Strategic Plan outline some of the actions which we will take to achieve our priority of public protection. Do you agree these actions will help us to achieve this priority?	87%

4.4 Qualitative Discussion (Vision and Priorities): Online Survey and Strategic Plan events

The undernoted summarises points made in online survey responses and discussions held at the 7 consultation events, in relation to questions common to both.

Do you agree with the Integration Joint Board's vision for integrated health and social care services in Glasgow?

- Overall, there was a general consensus that the vision is good, and represents a step in the right direction in terms of:
- Being beneficial for our vulnerable patients & service users
- Encouraging joint working and cutting down on duplication
- Providing a more holistic person centred approach.

- Some individuals said the plan itself:
- Needs to be shorter and less jargonistic. Some clarification was sought on words used within the plan, such as 'better' or 'healthier' lives for people with disabilities, or 'best quality of life possible'
- Needs to be more inclusive in terms of: equalities, human rights and community empowerment legislation.

- A significant number of people agreed with the vision but said there would be a number of challenges ahead in terms of implementing it:
- It could take up to 3 years before being fully implemented

- Realistically, funding, infrastructure and resources need to be dealt with
- There needs to be more joint up working across the board and greater collaboration
- Working more closely with the 3rd sector
- Hope it's not a lip service.

- The following is required for the vision to work:
- A formal process set up for HSCP and Glasgow to progress
- For the process to have clear & strong leadership – owned and led by the HSCP
- Public accountability.

- A few individuals said the vision was bureaucratic and politically driven and that in the current climate of austerity it would be difficult to implement.

- Some of the other points raised by respondents completing the online surveys in relation the Vision and Strategic Priorities included:

- Needs to be more inclusive in terms of equalities, human rights and community empowerment legislation
- Communication and co-operation between services has to improve
- Need robust, annual monitoring and evaluation structures around service-user feedback and honest assessment, and transparency of progress towards delivering the outcomes
- People with protected characteristics should be involved in any service change or new strategy from the outset
- The HSCP must be able to measure the impact of service engagement on quality of life
- Develop strong, dynamic, effective and transparent leadership within the HSCP
- Successfully meeting the Strategic Priorities requires appropriate levels of resourcing
- We need to bring staff along with us and ensure good engagement and communication with a skilled and valued extended workforce.

The Strategic Plan describes 5 Key Priorities: Do you agree with these 5 Key Priorities?

Are there any other key priorities for GCHSCP that should feature in the Plan?

How do the five priority areas of the plan reflect the strategic priorities of the SPGs/Children's Services/Older People's Services/Adult Services/Housing Services?

Do the five priority areas of the plan reflect how the health and social care market is evolving in Glasgow?

- A lot of the discussions arising from the above questions were similar to those covered under the question related to IJB's vision for integration
- The five Strategic Priorities have been embedded in the work of some health and social care professionals for some time
- There was a general consensus that the 5 key priorities were right in theory, particularly regarding Early Intervention and the Shifting the Balance of Care
- Concerns were expressed that the Strategic Priorities look at responding to problems not responding to the causes of the problems

- Some event participants expressed a views that asking communities to do more is not the answer (that it is just shifting responsibility) but highlighted a preference for partners to be involved earlier in the process of developing the Plan
- Some wording changes were suggested such as; the first priority changing to "Prevention, Early Intervention and Harm Reduction"; priorities 3 and 4 being merged into one; wording at priority 2 a bit "woolly"; would like phrase "supporting Glasgow citizens to flourish" within priorities

- The following key areas/actions were listed by individuals as missing or requiring their profile to be increased within the priorities section of the plan:
- **Addictions**: discussions around education, intervention, mental health and joint working. Strategy for Harm Reduction in relation to addictions is too far in the future (By Year 3 - 2021-2022)
- **Effective partnerships**: priority in itself since this underpins success in all other priorities; specify non-statutory or lesser known partners in priorities (e.g. service users, carers, communities, 3rd sector, private sector, Housing)
- **Unpaid Carers**: share information with carers of all ages (i.e. through use of leaflets)
- **Service user/ patient/ carer:** commitment to effective communication, engagement and partnership. Ways of empowering people. Support/advocacy for those unable or reluctant to articulate needs. Service user/patient charter
- **Self-care & resilience**: promotion through (preventative) public health education
- **Housing and Homelessness**: potential for greater use of Housing sector as key partners in meeting priorities
- **Communities/neighbourhoods**: role that they can play as partners
- **Isolation/loneliness**: shift in balance of care can exacerbate these already widespread problems. Need innovative ways of tackling this
- **Disability:** accessible community resources, discussion with transport agencies, specialist services
- **HIV:** specialist services, prevention, retention of care by working closely with 3rd sector
- **Poverty/ Deprivation:** reduce malnutrition, homelessness, food banks, baby banks
- **Health & Wellbeing:** educate and inform all stakeholders on the value of walking and physical activity. (e.g. promote healthy living scheme Next Bike)
- **Includem**: recognise specific needs of young people
- **Vulnerable children**: There are many children who cannot remain at home and for whom alternative arrangements are required, running from kinship arrangements through to permanent fostering and adoption. The extremely vulnerable children living in those exceptionally vulnerable families seem invisible in this plan?
- **Inequalities**: e.g. asylum seekers/ refugees, tackling health inequalities, diverse cultural needs, women, lone parents, gender based inequality, ensuring equitable access to services across Glasgow
- **Domestic Violence**
- **Mental Health:** early intervention and support at all ages. For young people, work closer with education and families. Rapid response
- **Holistic and more person centred approach across the board**: e.g. Supported Living
- **Procurement**: rules need to be looked at to allow for more flexible service provision tailored to individual need
- **Paternal support:** Infant Nutrition/ mental health/ poverty/ mother and baby groups/ dads groups/ child walking groups/ out of school activities/ Antenatal public health for healthier future individuals/

- **Anticipatory care plans**
- **Workforce:** including workforce planning for recruitment and retention of staff and staff welfare
- **Infrastructure/systems development:** such as joined up IT to support effective partnership working
- **Sound financial planning**: in terms of current financial climate and resource limitations
- **Local needs/priorities**: the strategic priorities should be tailored according to local needs/circumstances, equitable resource allocation locally at community level to allow local flexible solutions
- **LEAN:** streamlining of processes to support priorities efficiently
- **Unmet need**: identifying, understanding and targeting unmet need
- **Evidence based practice:** investment in innovative solutions with partners that achieve good sustainable outcomes; ongoing monitoring and evaluation of outcomes
- **Managing transition:** from Children's to Adult Services
- **Governance framework**: influence of human rights/equality/other legislation, standards, procedures, guidance & quality assurance mechanisms etc
- **Single point of contact**: need to aim for this for service users/patients/tenants.

- A significant number of people said they agreed with the actions outlined in the plan but only if some of the following could be addressed;

- Done timeously/ has capacity / change the mind-set of staff & public/ recognise approach to different communities/ educate and inform all stakeholders involved.

- The following are some examples provided by individuals highlighting challenges to implementing the 5 priorities or areas where priorities are already in action:

  Challenges:

- Clustering GP's, while financially a good idea, may inconvenience people living in more remote areas who are dependent on public transport
- Independent Living can lead to loneliness and misery for older people. Smart Technology & access to Supported Living allows older people to live independently. However, technology is not a substitute for human contact
- Safer Drugs Consumption Facilities have no place in modern Scotland and will serve to fuel the supply of illegal drugs in Glasgow and bring associated anti-social problems to Glasgow in the area proposed (Calton). The removal of the city centre needle exchange and opening of a needle exchange facility in London Rd brought these problems from the city centre to the east end. Heroin Assisted Treatment should be administered only in a hospital setting, preferably residential, to allow full support around the clock. Any other proposal involving 3 hits per day and then on your way, is not acceptable. Our community deserves better
- Disinvestment in sheltered housing has been a challenge to Housing providers.

  What is working well:
- Family nurse partnerships have 40 years of evidence of improved outcomes for children and families and GGC has supported a rapid expansion plan
- LGBT Health's work contributes strongly towards achieving the strategic priorities In relation to early intervention, prevention and harm reduction

- Housing First multi-disciplinary model of tenancy with wraparound care support successful in helping vulnerable people manage and sustain tenancies
- Housing Options
- Local Area Co-ordinators successful in providing flexible support to service users with a learning disability with this service now being extended to older people living in the community
- Out of Hours District Nursing service works well
- Glasgow Carers Centres successfully implementing priorities.

4.5 Qualitative questions specific to events held

Many additional comments were made during round table discussions at the GCHSCP-hosted events that related to specific issues or actions required/undertaken within individual care groups or service sectors. While these contributed positively to the discussion and were of interest to participants they are not included in this report because they do not relate directly to the questions asked at the Strategic Plan Consultation Events. Where appropriate comments have been passed to relevant Assistant Chief Officers and/or lead officers within the HSCP for further consideration.

Alongside generic questions relating to the Vision and Priorities questions addressed during round table discussions at events were tailored to each event and are listed below. Key points from responses to the event questions (that are not already noted above) are noted for each event below.

4.5.1 Strategic Planning Forum event

How is integration working in Glasgow?
How can we more firmly embed SPGs within our planning arrangements?
What opportunities are there to make better links between the SPGs?

- Partnership approach is healthier & better co-ordinated than previously although a review of the role of SPGs would now be welcomed
- SPGs themselves need to be more involved in strategy & planning and need to better and more actively involve partners in planning, including service users
- Housing & disability have a role in multiple/all groups and their status as separate groups is questionable.

4.5.2 Children's Services Event

How do we strengthen and promote a truly single system of support & intervention?

- Build relationships & trust
- Acknowledge complexity and differing perspectives
- Increase awareness, knowledge & understanding of how different agencies work
- Give Housing Officers access to named Health Visitor/other professionals
- Ensure standard consistent practice across teams
- Employ honesty & promote self-care to help manage expectations of children, young people and their families.

What can we do to prepare staff, providers, statutory services, young people and families for an improved model of residential care services?

What do we need to consider in terms of single system working (interfaces, impact, and consequences)?

- Prepare young people for expectations of placement & what is expected from them
- Adopt a less risk averse approach which is also mindful of safeguarding
- Training & development of HSCP staff and other stakeholders including self-evaluation & review
- Improve peer support for young people (mentors) and workers including shadowing experienced workers
- Flexible solutions within Glasgow that work with young people and their families in their own communities including the importance of identifying wider family for young people and maintaining sibling contact
- More therapeutic family support to promote effective parenting
- Require residential options for mother & baby support
- Continuity of educational placements
- Shared understanding of long term vision for young people and the impact of actions on their future and outcomes
- Risk managed and appropriate use of ICT including social media
- Ensure leaving care skills (e.g. cooking, shopping, budgeting) are developed within residential setting
- Utilise local resources such as Glasgow Life.

What should the key components of a high quality Foster Care service comprise of (including elements currently not delivered)?
How do we support Foster Carers with greater need and complexity?

It was noted that much of what is noted under residential care above is also applicable to foster care.

Additional points raised included:

- Flexible provision of care, compassion, trust and guidance to young person
- Recognition that foster carers are always there for young people
- Promotion of "normal" family living (within parameters of legislation/procedures etc)
- Full integration of young person in foster family & involvement in all "family events" (e.g. Holidays)
- "Mockingbird" best practice model
- Ongoing recruitment of foster carers in or near to Glasgow
- More accessible application process
- Appropriate young person/carer match
- Honesty between partners (e.g. young person, carers, HSCP workers) and full disclosure of information available
- Place siblings together where possible
- Limit placements to 3 young people per carer
- Robust, joined up and flexible support framework for foster carers so that they don't have to rely on their own experience of parenting which should include regular support from supervising Social Worker (e.g. 2 weekly, early intervention support to prevent placement breakdowns, locally provided peer, outreach and group support, different methods/types of support including

social media/video technology, short breaks provision and access to residential or family support workers)
- Equitable access of foster carers to general services/supports available to other parents
- Tailored access to specialist services for young person (e.g. mental health supports and Guardianship (unaccompanied young people))
- Consider professionalisation of foster carer role
- Regular review
- Permanence
- Sharing of good practice between supervising Social Workers in supporting placements in difficulty
- Develop (IT based) communication mechanism for young people to be able to communicate with allocated worker as and when needed
- Include young persons allocated worker in foster care relationship
- Good working relationship with Education.

What currently works well in Intensive Family Support services that we would want to protect/ enhance?

- Staff knowledge & expertise
- Intensive Support and Monitoring Services (ISMS)
- Child Exploitation Service
- Role of the Health Visitor
- Alternatives to mainstream Education (e.g. Young Women's Group)
- Includem
- Responsiveness & flexibility of 3rd sector
- Assets based approach.

Do we understand the needs of our children and families well enough? What works/ needs improved?

What is working well is:

- Evidence-based practice & strategic direction
- Homestart for under 5s impacts on parenting for whole family
- Outreach
- Out of hours service
- MCR Pathways.

What needs to improve is:

- Use our data & other research more meaningfully to help us understand issues
- Introduce family support
- Early intervention at young age to impact later
- Identify support to sustain 12+ into adulthood
- Build aspirations & resilience in children & their families
- Extend working hours/support availability
- Use of PEF funding for creative solutions
- Consistency in Education across city (e.g. nurture focus and whole family approach)

- Improved referral to foodbank
- Map and cost/benefit analysis of services
- Define early intervention and edge of care.

How do we operate as a more effective single system?

- Simplify access
- Adopt a completely different joined up approach
- Better use of community facilities over holidays
- Better co-ordination/alignment of funding to achieve good outcomes.

4.5.3 Older People's Services Event

Key to the HSCP's strategy for older people is to support people to remain at home and explore how we further develop capacity for families and carers and a wider partnership of informal supports.

What is currently working well and what do we need to build on working together with older people, families and carers and other partners?

What is working well is:

- Housing Options
- Carers Strategy
- Registered Social Landlords
- New Older People residential & day care units
- Supported Living home care service
- Telecare
- Re-ablement
- Red Bag Scheme (medication in residential care)
- Intermediate care
- Hoop Team
- Good Morning Service
- NHS24
- Link Workers at GPs.

What needs to improve is:

- General joining up of services
- Awareness of services among public and partners (including non-digital)
- Address (public) fears related to technology enabled care
- Use of existing technologies
- Clustered supported living
- Overnight care
- Estimates of housing needs
- Equitable access to day care across city.

Anticipatory care plans are key to supporting people in the community. What do we (the HSCP) need to do to raise awareness of ACPs?

- Consider name change - too long & confused with Liverpool Care Pathway
- Widespread public and staff info promotion campaign needed
- Develop and share patient/service user/carer stories related to Anticipatory Care Plans
- Publicise and encourage use of app'
- Integrate into duty screening
- Include promotion requirement in relevant contracts.

What role do you see technology playing within the health and social care sector in supporting people to live at home, and what benefits this will bring?

- An increasing involvement through allowing people to be independent & stay in their homes for longer but some infrastructure investment required in phone lines/wi-fi & other challenges such as allaying service user/carer fears etc.
- Saving money in allowing staff to direct attention to those whose needs not met through technology
- Positive opportunities for partnership working to promote awareness and use of technology assisted care
- Share service user/carer stories
- Telecare to complement face to face care
- Partnership opportunities with private sector due to high level of investment in new technologies required
- Existing technologies becoming more widely used and accurate (e.g. GPS, Amazon Echo, home cameras/CCTV)
- Potential for greater use of technology to monitor health at home in future.

4.5.4 Adult Services Event

Much of the discussion from this event is already reflected in sections above, mainly in the notes relating to the 5 Strategic Plan priorities and delivering these. Some of the other points in relation to specific questions are outlined below.

How do we ensure that the service reform programme within this group of services connect to each other?

- Clear pathways
- Good start to governance with Strategic Planning Groups and extended Adult Services SMT
- Guidance related to shared responsibilities
- Ensure shift of resources into community provision resulting from reductions in acute care
- Introduce thematic workstreams.

How do we make sure that there is broad engagement with service users; carers; providers and staff?

- Ensure all levels of staff are involved in engagement, not just senior management. Those on front line have direct links to service users/carers

- Include all ages of service user/carer
- Offer a variety of ways of engaging
- Ensure vulnerable/hard to reach service users are supported to engage
- Funding for 3rd sector essential
- Make information and communication clear, concise, jargon free and accessible in a range of formats/media.

How do we make sure that the reform programme in each of the service areas is informed by an evidenced based approach and not a reaction to the pressure on funding?

- Acknowledge external influences that significantly impact on this (e.g. Welfare Reform, limited social housing availability)
- Adopt outcome based models that can be tailored for individuals
- Employ innovative solutions to fill gaps (e.g. nurses taking on some tasks traditionally done by doctors)
- Share good practice examples (e.g. Housing Options).

How do we safely shift the balance of care while managing risk?

- Prevention, promotion of self-care & resilience and good forward planning
- Train all staff at right level
- Honesty from local & national politicians about challenges of this within constraints of budget.

4.5.5 Primary Care Event

Much of the discussion from this event is already reflected in sections above, mainly in the notes relating to the 5 Strategic Plan priorities and delivering these. Some of the other points in relation to specific questions are outlined below.

What do you think are the main issues we should take into account in our future strategy for primary care?

- Divert patients elsewhere (e.g. vaccinations, pharmacy & community services) as the default contact is currently the GP
- Specifically solve the "minor ailments" anomaly so that patients can get free prescriptions direct from pharmacy
- Address the issue of medicines waste
- Better inform patients about their condition(s) to promote self-care/management
- Develop peer support for patients/carers
- Improve public information & awareness of services in deprived areas in particular
- Ensure access to alternative services (e.g. local services to combat loneliness & isolation through GP practices)
- Extension of Local Area Co-ordinator role to include older people
- Address mis-match between health and social care eligibility criteria.

Public Health Strategy - How do we ensure that any service redesign that we implement appropriately identifies and addresses health inequality issues, as we implement our primary care strategy?

- Find ways of building trust with hard to reach/minority communities
- Define, identify and map needs related to inequalities
- Be involved with and influence early years and community services (e.g. pre-school, after school clubs)
- Acknowledge that this is a wider societal issue that needs addressed at various levels (e.g. local and national)
- Conduct Equality Impact Assessments
- Consider extension of asset based approach as used in Addiction Services
- Develop alternative services such as obesity clinics, life coaches, homemakers and evidence based inputs such as MCR Pathways
- GPs to be involved in recruitment of other staff in practice/cluster
- GP contract should include aim to reduce inequalities and have measurable outcomes.

Changes to Community Services - What issues do you think we should take into account as we develop our community services?

- Adopt shared core values
- Co-locate services with partners making use of under-utilised community resources (e.g. treatment rooms)
- Address territorial issues that prevent some patients from travelling outside their community for treatment
- Address difficulties related to line and professional management of staff (where managers/workers are from different agencies)
- Improve the interface between primary care & other health services
- Ensure GPs in practices outwith Health Centres are included
- Improve information sharing between patient and professional.

Developing role of Community Pharmacy - What other minor conditions could be treated in the community pharmacy rather than having to go to your GP?

Subject to infrastructure developments and/or investment, including changes to professional qualifications and staff training, the following conditions and services were identified alongside looking at what other Integration Authorities are doing in relation to this agenda:
- Cellulitis
- Chronic disease management (e.g. eczema, COPD, colds & flu)
- Skin complaints
- Mental health/well-being
- Minor cuts
- Gastro-intestinal symptoms
- Phlebotomy
- Vaccinations
- Repeat prescriptions (including methadone)
- Referral to GP
- Supporting housebound patients in the community.

The development of the patient/pharmacist relationship and trust was identified as key to getting people to present first at the pharmacy. Concerns about de-skilling of GPs whilst up-skilling other professions and back-door privatisation of the NHS was noted as a risk to be monitored.

4.5.6 Housing Event

How does the Housing Solutions approach to equipment and adaptations fit with the strategic priorities?

There was general agreement that the Housing Solutions approach does fit with the strategic priorities but a number of positive and negative comments were made about the working reality of it. The key points are listed below.

Positives:

- Significant investment in providing (especially low level) equipment & adaptations) to help support people to stay in their own homes, which most want, and therefore shift the balance of care
- Earlier, quicker help when Occupational Therapy assessment is not needed
- Prevention/delay of decline from early awareness of what is available
- Holistic enabling impact on service user/tenant health and well-being.

Negatives:

- Inequitable practice and not all providers involved
- Lack of resources
- Staying in own home not always best/most cost effective option
- Limited availability of ground floor properties for accessible adaptation; problems experienced due to inflexibility of re-letting specifically adapted housing
- Earlier intervention solutions are often crisis driven
- Delays in process caused by various factors including OT assessments/planning permission
- Directing owner occupiers.

How should this approach be rolled out across the city?

The points above indicate where this is working well and needs improvement in rolling out, plus many of the points noted under other questions above relating to effective partnership working and equitable good practice are applicable here also. Others not already mentioned include the continuous sharing of information about simple cost effective solutions, honesty with service users about costs to them and serious consideration of the use of traditional (tenement) housing stock.

What is the role of technology in providing services?

There was a general view expressed at the event that (reliable and affordable) technology has a vital role in providing services, which is likely to increase in importance in the future. This should however complement rather than replace the human contact support element. Technology is intrinsic to the strategic priorities. It is not however employed in a standard co-ordinated way by providers and many highlighted the need for a joint digital strategy and approach to share good practice to ensure equitable access to this across Glasgow; this is currently happening in some smaller areas.

Specific comments were made relating to how technology is a cost effective approach but requires investment that smaller providers would not be able to put forward. The agreement with the principle of embracing technology was offset by reference to the barriers to digital access presented by the impacts of poverty and an ageing population. However examples of innovative uses of existing technologies (e.g. tablets and phone apps) that are already happening were cited, such as Better Futures, Living Well & Clevercogs.

How can we improve engagement and RSL participation in informing health and social care provision?

- Continue to involve Housing strategically
- Maximise use of existing communication channels effectively (e.g. IJB newsletter, Connections forums)
- Also work out new ways of communicating with the 68 RSLs in city
- Get Housing involved early in individual cases to support hospital discharges
- Establish and share key contact lists (citywide & local) to facilitate joint working
- Get RSLs directly involved at all levels of planning
- Increase awareness (of RSLs) of the issues facing tenants.

4.5.7 Provider Event

Do the five priority areas of the plan reflect how the health and social care market is evolving in Glasgow?

Participants at this event felt the Strategic Priorities generally reflected the evolution of the social care market and continue to be consistent with the direction of travel for Glasgow. In particular, the focus on early intervention, prevention and harm reduction, providing greater self-determination and choice and shifting the balance of care. Some of the comments outlined above were repeated here in relation to the need for education and awareness-raising to promote self-care and the role of family in this as well as workforce planning issues.

4.5.8 Other findings from events

Some of the general points of note raised across the events included:

- The need to reflect the economic and social, drivers that influence demand for health and social care services and the need to work with relevant partners to influence those
- The importance of organisational development and staff culture in meeting our priorities
- Enabling the HSCP localities to be the driver of the Strategic Priorities
- The need for the IJB/HSCP to be bolder and more innovative in their response to the financial context, and resist resorting to implementing cuts in services
- The need for a cultural shift in Glasgow aimed at helping people to help themselves where appropriate, and the importance of the family within this
- The need to consider how we can devolve more power to service users, patients and carers to ensure our priorities and the activity to achieve them reflect what is important to service users
- Much can still be done to improve the experience of care of people living with disabilities in the City

- Current planning and delivery structures don't adequately take into account people's needs due to a focus on "care groups"
- We need to understand the social capital of people in the city.

Participants were asked to rate their level of knowledge of particular areas prior to the event they attended.

- Almost all respondents thought they knew about or knew a lot about Health and Social Care Integration – just under 100% (111, 98.2%)
- Nine in 10 (102, 90.3%) respondents thought they knew about or knew a lot about the Strategic Plan
- Just under nine in 10 (98, 86.7%) respondents thought they knew about or knew a lot about GCHSCP's vision for health and social care in Glasgow City
- Eight in 10 (92, 81.4%) respondents thought they knew about or knew a lot about GCHSCP's five priorities for health and social care in Glasgow City and
- Almost all respondents thought they knew about or knew a lot about the specific area relating to their event –over nine in 10 (85, 96.6%).

Participants were also asked whether their attendance at the event **increased their knowledge** of the elements covered in the Plan. Between seven and eight in 10 respondents suggested it did, with the response for individual elements as follows:

- Health and Social Care Integration – seven in 10 (80, 70.8%)
- Strategic Plan – eight in 10 (90, 79.6%)
- Vision – eight in 10 (89, 78.8%)
- Priorities – eight in 10 (92, 81.4%) and
- Specific Area Relating to Event – just under three-quarters (65, 73.9%).

5. Summary and next steps

The range and volume of comments and suggestions received during the Consultation period via the various channels were reviewed and a number of actions taken as a result. Unfortunately it is not possible to incorporate all suggestions in this report or into the final draft Strategic Plan. However, in general terms, the comments received as part of the Consultation resulted in the following:

- Editing and drafting of text to certain sections of the Plan
- Review of the entire Plan to remove jargon where possible and generally make the document more accessible
- Amendments made to the Strategic Priorities (headings and detail beneath)
- Addition of key activity in the Delivering our Priorities section
- Specific/operational comments forwarded to relevant Senior Managers for information/action
- Individual event summaries sent to Assistant Chief Officers to consider possible amendments to the Plan and to influence care group-specific planning priorities
- Final analysis reports of all consultation activity sent to Assistant Chief Officers to consider and inform local/care group-specific planning
- Recommendations regarding changes to the Strategic Planning Groups structure
- Commitment to the development of an easy read/shortened version of the Plan once agreed by the IJB.

Once approved, and in line with statutory guidance, the Strategic Plan 2019-22 will be published on the GCHSCP website as a final version and communicated to internal and external stakeholders across the City. Opportunities to promote the Plan across the existing engagement channels will be identified and progressed in line with some of the feedback received and using existing communication and engagement channels.

Where possible and appropriate those who contributed to the Consultation process will be contacted to express the gratitude of the IJB for their engagement and to update them on the outcome of the consultation.

A summary version of the Strategic Plan will be developed and will include a British Sign Language version to be published on the GCHSCP website.