Glasgow City Integration Joint Board

Strategic Plan 2023-26

Summary of Consultation and Engagement

June 2023

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 Strategic Plan 2019-22, approved by the IJB on 27 March 2019, came into effect on 1 April 2019 and was due to run out in March 2022. However in May 2021 the IJB approved extending the existing Strategic Plan to acknowledge and accommodate the requirement to concentrate on the ongoing efforts to manage the impact of the pandemic and plan for recovery.

Following the approval to extend the Plan, work to plan the development of a draft replacement Plan began, taking advantage of the additional time available as a result of the extension. A draft Plan for 2023-26 was prepared following a significant engagement exercise and was and subject to public consultation in line with statutory requirements and the IJB's own consultation and engagement good practice guidance.

This report provides a summary of engagement and consultation activity involving a range of stakeholders, and a summary of the feedback received that influenced both the initial draft for consultation and the final draft presented to the IJB in June 2023.

2. Approach to engagement and consultation

2.1 The additional time available following approval to extend the previous Plan enabled the HSCP to consider a more robust and ambitious approach to obtaining feedback from its stakeholders than has previously been possible. Even within the context of a workforce (both within the HSCP and amongst our external partners) and service user base that was still dealing with the pandemic it was considered important to reach out more widely than is usually possible with the time and resources available.

The following were the key components of the overall approach to engagement and consultation for the development of the Strategic Plan:

- Involvement from the very beginning of the process of key stakeholders
- Learning from partners' experience of communication and engagement during the pandemic
- Listening to advice from partners on preferred methods of engagement
- Co-production of planned engagement and consultation activity
- Supporting partners to carry out engagement activity with stakeholders with or without involvement of HSCP officers
- Enabling stakeholders to influence the draft Plan prior to consultation
- Removal of duplication to guard against consultation fatigue.

2.2 Preparation for engagement

To enable the approach to engagement above to be achieved a range of preparatory work was required prior to collecting feedback to inform the first draft of the Plan. Preparation took place in the second half of 2021 and early 2022 and was designed to ensure the HSCP was able to act on the advice of our partners to facilitate involvement of as wide a range of stakeholders as possible. Some of the key areas of work undertaken in the preparation stage are summarised below.

2.2.1 A Working Group of staff working within the HSCP was identified to drive the work of the Plan, to support planning activity and to ensure key elements identified as being important for inclusion in the Plan could be developed by relevant staff.

2.2.2 Contact was made with lead officers within the HSCP with responsibility for other relevant areas of strategic activity such as the review of the Adult Mental Health Strategy and the Maximising Independence programme. This would ensure best use would be made of relevant engagement activity and to avoid overlap and/or duplication of effort.

2.2.3 The HSCP's stakeholder distribution lists were reviewed and updated to prepare for disseminating information in relation to the review of the Plan. This included incorporating the information held in other lists held for the purposes of community engagement or communication. As well as supporting engagement for the review, this enabled officers to supplement and update lists for future use in consultation and engagement activity.

2.2.4 Officers met with key partners such as Glasgow Disability Alliance and Glasgow Council for the Voluntary Sector to discuss supporting and contributing to the review of the Plan.

2.2.5 Members of the Working Group attended the HSCP's Strategic Planning Groups and other key governance groups to update on plans and progress, and provide an opportunity for their members, which in some cases included people with lived experience and community representatives, to feed into the planning processes and cascade information to their respective networks.

2.2.6 A Communications Strategy was developed for the review to ensure we understood our key stakeholders and approach to messaging. This included working with the HSCP Graphic Designer to develop a brand identity for the review of the Plan. The branding exercise included consultation and final versions of branded materials were available to stakeholders to support any review activity conducted by them in support of the review of the Plan.

2.2.7 An Equality Impact Assessment screening tool was completed to ensure high level impacts on groups with protected characteristics of the engagement processes were identified, considered and mitigated.

2.2.8 The HSCP website was updated to include a page containing updates on the review, details of engagement opportunities and prompts for how to get involved.

2.2.9 A number of Reference Groups were identified by Strategic Planning Groups and the Senior Management Team of the HSCP to support and advise the review team on engagement methods and to support implementation of engagement plans.

2.2.10 A review was carried out of the activity tables within the previous Plan to get an understanding of areas of progress and activity still outstanding.

2.3 Reference Groups

The HSCP has often been challenged on the timing of stakeholder involvement in influencing processes such as the development of policies and plans. For developing the first draft of this Plan it was acknowledged that in order to involve relevant stakeholder groups in a meaningful way there needed to be a more distinct and planned structure supporting obtaining stakeholder feedback.

Strategic Planning Groups, Core Leadership Teams and the HSCP's Senior Management Team were consulted to establish what a structure of advisory groups might look like. From these discussions the following Reference Groups were set up or identified to support review activity. Where possible and appropriate existing groups were used to support activity rather than setting up new or duplicate structures.

1. Addictions
2. Asylum and Immigration
3. Carers (through the Carers' Reference Group)
4. Children's Services
5. Housing and Homelessness (through Housing, Health and Social Care Group)
6. Learning Disability
7. Mental Health (through the Board-wide MH Programme Board)
8. Older People
9. Prison Healthcare
10. Public Protection
11. Sexual Healthcare
12. Strategic Matters (requested and led by GCVS)

2.3.1 Membership of reference groups

The membership of the reference groups was again informed by discussions at SPGs and Core Leadership meetings and evolved to take on the suggestions made by members at the initial rounds of meetings. Membership included officers of the HSCP, external providers of services (third and independent sector), members of the community and representatives of relevant groups and organisations. Unfortunately not all of those invited to join the groups to share their expertise and represent their respective stakeholders groups were able were able to participate (fully). This was largely due to capacity issues and operational demands.

It was made clear from the outset that due to the context within which the review was taking place (i.e. during the pandemic) members would be asked to engage as best they could but on the understanding that involvement may be difficult and/or sporadic.

2.3.2 Role of the Reference Groups

The role of the Reference Groups was to advise the HSCP of the key stakeholder sub-groups within each of the main group headings to be considered in the engagement stage. This was to acknowledge that people with experience of receiving or delivering services within each category are not one homogeneous group with identical preferences in terms of engagement and communication.

Groups were asked to assist the HSCP to identify each stakeholder group, their engagement preferences, share the experience they gained throughout the pandemic in engaging with them, and share barriers to engagement and any solutions to overcome them.

As part of the work of the Reference Groups members were asked to co-produce engagement plans (see Appendix 2) for each group that captured:

- Membership of the group, terms of reference and frequency of meetings
- Stakeholders (barriers to engagement and mitigations)
- Consideration of protected characteristics and intersectionality
- Proposed engagement approaches, methods and leads
- Any existing engagement opportunities or relevant data/research from recent engagement
- Relevant groups/fora to make contact with.

A crucial role of the reference groups was to support carrying out the engagement activity with stakeholders, either directly or through signposting officers to organisations or individuals that could act as a gateway to certain groups. Wherever possible the actual engagement activity was carried out by those groups/individuals, rather than by officers of the HSCP, to provide opportunities for people to engage with people they know, at venues they are familiar with and using methods they are used to. In these cases the feedback was returned to officers for collation and analysis. It is hoped this has assisted more honest feedback that has not been unnecessarily influenced by the presence of HSCP staff and also reiterates the co-production element of the engagement approach.

Wherever requested, HSCP officers supported engagement activity through attendance by invitation to speak or listen, or through provision of note takers, data inputting, survey development, branded materials to support events, provision of resources to book venues, reimbursement of attendance costs or provision of refreshments.

Ultimately the role of the groups was the co-production and joint implementation of individual engagement plans to ensure opportunities for involvement in the review of the strategic plan. No expectations or requests were made regarding uptake of these opportunities and the success of the approach was not to be measured by volume of participants. The objective was to enhance the accessibility of opportunities to engage for those who wished to do so.

3. Engagement activity

With the support and guidance of the reference groups, a variety of methods were used to engage with stakeholders to obtain views and opinions in relation to the Strategic Plan 2023-26, including:

- pre-consultation engagement survey (to inform a first draft Plan)
- consultation survey (to gather views of the draft Plan)
- partner-led engagement and consultation
- events (bespoke, HSCP, IJB/SMT, LEF)
- websites
- social media

- articles in the GCHSCP public newsletter.

3.1 Pre-consultation engagement survey (to develop the draft Plan)

The pre-consultation activity for the review of the Plan was expanded compared with that of previous Plans, to include gathering the views of stakeholders on what should and should not be in the draft that would subsequently go out to public consultation. The activity included the development of a public survey to gather views from stakeholders across the city on a range of areas to support work to develop the first draft. The survey ran from the 1st to 31st March 2022 and sought to gather views on the following areas:

- Area of service provision of interest to the respondent (i.e. adults, older people, housing etc)
- Experience of services (i.e. staff, provider, recipient etc)
- Relevant area of the city
- Relevance of the current IJB Vision and actions required to achieve it
- Comments on the existing strategic priorities
- Duration of the current Plan
- Length (in pages) of the current Plan
- Preferences for what to see in the next Plan
- Response to Covid and learning from changes implemented.

The survey was accessed by over 800 people with 253 providing a full response. The responses from the survey were reviewed alongside the other feedback received to develop the first draft of the Plan.

3.2 Consultation survey (on the draft Plan)

A second public survey was developed to gather feedback and refine the draft. The consultation survey ran from 1st July to 14th October and included easy read and summary versions of the Plan and consultation questions to encourage and facilitate engagement from a wide range of stakeholders.

The focus of the consultation survey was similar to that of the pre-consultation survey but looked in more detail at or expanded on certain areas. The survey looked at:

- Area of service provision of interest to the respondent (i.e. adults, older people, housing etc)
- Experience of services (i.e. staff, provider, recipient etc)
- Relevant area of the city
- Strategic Priorities (achieving the priorities and asking what success would look like)
- Meaningful involvement (testing the draft principles set out in the draft)
- Strengthening communities (testing the definition set out in the draft)
- General comments.

The survey was accessed by over 638 people with 176 providing a full response. The responses from the survey were reviewed alongside all the other feedback received to make changes to the draft and develop a final version of the Plan.

3.3 Partner-led engagement and consultation

As above, a defining feature of the engagement and consultation approach was joint working and enabling/facilitating partners and stakeholders to carry out activity with their own stakeholders to contribute to the feedback collected. This was in part due to the reality of trying to broaden the scope of the review activity with finite resources at a time when members of the HSCP team were involved in the pandemic response. However, it was also to acknowledge that some people would prefer to speak to people they were familiar with, in places they were used to, and using methods that suited their specific preferences and needs.

3.3.1 As part of the exercise to develop a brand for the review, a range of materials were developed which could be used and/or adapted by partners to carry our engagement activity to be returned to the HSCP for analysis. A suite of branded materials including template presentations, feedback templates and introductory materials were shared with stakeholders, who tailored them to have conversations and ask questions that would be of relevance to specific groups or individuals.

The brand developed was “Be part of the conversation”, to reduce the emphasis on the review of a strategic plan, which is not always of interest to individuals outwith the HSCP, and to focus on talking about what is important to people and those they might be caring for. In the pre-consultation stage this led to conversations amongst stakeholder groups on; what was important to them and those they cared for; what the HSCP was doing well; where improvements could be made and; what the HSCP needed to focus on. These core themes were adapted to suit the audience and the method being used. Feedback gathered was returned to the HSCP for consideration.

During the consultation phase the conversations were more focused on the content of the draft Plan, so that engagement would have a tangible impact on the revisions to be made.

3.3.2 During the pre-consultation engagement and consultation stages of the review a variety of methods were used by a range of partners to provide feedback to shape the drafts. A list of the organisations that met with the HSCP and committed to carrying out activity to contribute to the review can be found within the appendix. The following reflects examples of the type of activity undertaken by or with our partners. In many of these examples the opportunity to gather feedback from the groups in the way it took place would not have been possible had the methodology for this review not been broadened in the way that it was.

- Attendance at arranged meetings/events (e.g. Public Protection Service User Reference Group, Glasgow Homelessness Information and Feedback Team (GHIFT), Bailleston Community Care)
- Local events (e.g. in Drumchapel, Lambhill, Milton and Cadder; North Glasgow Food Initiative; Locality Engagement Fora)
- Use of partners’ resources (e.g. NW Glasgow Voluntary Sector Network and Glasgow Centre for Inclusive Living newsletters)
- Co-produced events (e.g. with Glasgow Council for the Voluntary Sector)
- Partner-led discussions (e.g. Children 1st for parents and children with experience of addictions)
- Partner-led events (e.g. Alliance exCHANGE for frontline homeless staff/providers)

- Focus groups (e.g. Wheatley Group tenants group and PAMIS for carers of people with profound and multiple learning disabilities)
- Support for service users to complete surveys (e.g. by Alcohol Related Brain Damage team).

3.4 Events

In addition to some of the opportunities arranged by partners to capture information, for which the attendance of HSCP officers was either not required or minimal, there were events arranged involving officers more prominently.

Two events were arranged in partnership with Glasgow Council for the Voluntary Sector to discuss engagement and co-production and ethical commissioning and a joint event took place with Glasgow Disability Members to present the revised Vision and Priorities and consider strategic planning requirements going forward.

Locality Engagement Forum events were held across the city as part of their engagement programme and the opportunity was taken at these sessions to engage in conversation to inform the development of the Plan. Sessions were used to provide updates and information on the Strategic Plan and upcoming consultation opportunities, and to engage in more detailed conversations with forum members.

Development sessions were scheduled with both the IJB and Senior Management Team to discuss the feedback from the pre-consultation engagement survey and to shape the revisions to the IJB Vision and Partnership Priorities. These sessions were structured entirely around consideration of the feedback from the survey to ensure the comments and suggestions were the foundation of subsequent iterations of the Plan.

To effectively close the consultation loop and provide those who had been involved in the review with an update on the outcome of their involvement, a number of update sessions were scheduled. These provided a final opportunity to offer comments and suggestions for inclusion in the Plan and to present, and seek feedback on, the revised Partnership Priorities and Vision. Events were scheduled to engage with groups based on the following areas of service delivery:

- Homelessness
- Mental Health (cancelled)
- Prison healthcare, Police custody and Justice Services
- Complex Needs
- Older People
- Alcohol and Drugs
- Disabilities.

3.5 Websites

Whilst the key principle of the review process was to identify and cater for the engagement preferences and requirements of individuals and groups, the HSCP still required to make use of the more public and readily available methods of sharing information and offering engagement opportunities. For some, this is still the preferred way of taking in information.

A web page was developed on the **HSCP website** that offered updates on the progress of the review of the Plan, gave details of public engagement opportunities as part of the review and gave individuals the chance to get involved and provide comments or feedback directly through the website.

Members of the Reference Groups and other partners with whom contact was made during the review were asked to promote the review of the Plan on their sites, including sharing the links to the two surveys and links to the HSCP web page. This was part of the overall commitment of partners to share the responsibility for delivering the review of the Plan.

3.6 Social Media

During the engagement and consultation periods information was shared through our social media channels and those of our partners. The table below provides a summary of the social media activity.

Table 1

Channel	No of Tweets / Posts	Number of Retweets / Shares	Number of Likes	Reach	No. of Comments	No. of URL clicks
GCHSCP Twitter	48	170	103	36,000	5	231
GCHSCP's Chief Officer Twitter	10	56	45	n/a	2	n/a
GCHSCP Facebook	50	26	31	10,758	1	n/a
Totals	**108**	**252**	**179**	**47,758**	**8**	**231**

3.7 Newsletters

Throughout the review process short articles were placed in the **Partnership Matters newsletter** to raise awareness of the surveys and to encourage staff and stakeholders to get involved in the review. The newsletters were circulated through the existing distribution channels and uploaded to the HSCP website for access online.

4. Levels of engagement

By using the extensive range of different communication and engagement channels referred to above the consultation reached a range of stakeholders, including:

- 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.

4.1 Engagement events and opportunities

Due to the ongoing demands placed on health and social care services and providers across the city as a result of the pandemic the decision was taken not to hold large public face to face events to develop or consult on the first draft. Reference groups advised on the best ways to gather views from their stakeholders. This means that the engagement events and opportunities were multiple and varied in terms of their methodologies.

The reference groups started meeting in Autumn 2021 and met on average once a month to plan for and oversee the engagement activity relevant to each group, based on the co-produced engagement plans. The groups provided a valuable source of information on additional contacts for officers to reach out to and explore additional opportunities for engaging with stakeholders. In total officers attended over 100 meetings to plan and carry out the engagement activity for the review.

4.1.1 Engagement and consultation events and opportunities

Around 70 different engagement and consultation opportunities were identified to be carried out by the HSCP, by partners, or jointly (See Appendix 1). This includes the events referred to in section 3 and the two public surveys. Where activity took place a template was provided to capture feedback, themes covered and estimates of the number of people that were involved. Not all of the planned activity was carried out by partners and in some cases despite reminders not all of the feedback was returned to the HSCP for consideration.

Using the information that was returned we can see that, discounting the two surveys (253 and 176 responses respectively), there was a minimum of 732 people who engaged with events, sessions or contacts from the HSCP and/or its partners to provide views that directly contributed to the Plan.

The primary engagement vehicle for development of the 2019-22 Plan was face to face events. For example, circa 1000 people engaged through attendance at seven events held at the Royal Concert Hall, as well as events held in-person to discuss the GCHSCP Mainstreaming Equalities Plan, a Partnership-wide Leadership event (staff), and events held within Locality Engagement Forums and with Glasgow Disability Alliance. Those sessions were attended by a mixture of internal staff, staff from external providers and partners, and service users and patients. They were often held in large venues using traditional methods for which only basic consideration could be given to personal preferences in terms of engaging. Those events for example required people to be able to and be comfortable with attending face-to-face conference-style events. The approach taken for the new Plan enabled us to reach groups who do not traditionally engage in such events and to facilitate the specific and personal engagement preferences and needs of certain groups.

4.1.2 Engagement by interest in health and social care

Table 2 below shows the interest that respondents to the two public surveys (253 and 176 responses respectively) had in health and social care services. Respondents could select more than one area of interest, so the totals are greater than the number of completed responses received. The table indicates that some areas were of more interest than others but that all of the areas of interest are represented.

Table 2

Which areas of health and social care service delivery are you interested in?	Pre-consultation N	Pre-consultation %	Consultation N	Consultation %
Adults services	146	60.60%	101	60.8%
Services for Older People	116	48.10%	73	44.0%
Children's Services	49	20.30%	43	25.9%
Public Protection	54	22.40%	55	33.1%
Housing	47	19.50%	53	31.9%
Homelessness	54	22.40%	56	33.7%
Primary Care services	72	29.90%	44	26.5%
Carers	71	29.50%	42	25.3%
Services to promote health improvement and reduce health inequality	66	27.40%	49	29.5%

4.1.3 Engagement by experience

The table below shows that the largest proportion of respondents to the two surveys were staff working within the HSCP (40% and 43%), followed by carers (17.1% and 18.2%). The table again shows that the surveys reached a wide range of stakeholders but in future exercises more consideration will be given to increasing the numbers of people responding from outwith the HSCP.

Table 3

Experience of health and social care services in Glasgow city	Pre-consultation N	Pre-consultation %	Consultation N	Consultation %
I provide care to someone (e.g. a family member)	41	17.1%	30	18.2%
I work in frontline health and social care as part of Glasgow City HSCP	96	40.0%	71	43.0%
I work in frontline health and social care employed by a 3rd sector	25	10.4%	19	11.5%
I work in frontline health and social care employed by an independent sector organisation	5	2.1%	3	1.8%
I work in frontline health and social care as an independent healthcare contractor (e.g. GP, Optometrist, dentist etc)	10	4.2%	5	3.0%
I work for an organisation that supports the delivery of frontline health and social care services	23	9.6%	22	13.3%
I work in a support team within Glasgow City HSCP supporting front line services (e.g. business admin, business development etc)	25	10.4%	22	13.3%
I do not have any close experience of social care or support but have an interest in health and social care	8	3.3%	14	8.5%

4.1.4 Engagement by locality

All areas of the city were represented by respondents to the surveys. The table below covers those responding as individuals but also as staff and external stakeholder organizations, some of whom/which were operating across the city.

Table 4

Area of the city most closely associated with	Pre-consultation N	Pre-consultation %	Consultation N	Consultation %
North East	65	27.1%	43	26.1%
North West	72	30.0%	42	25.5%
South	77	32.1%	47	28.5%
Citywide	59	24.6%	64	38.8%
Don't know	1	0.0%	2	1.2%

4.1.5 Engagement by equalities group

An element of the consultation events and surveys was voluntary completion of Equalities Monitoring Forms to assist GCHSCP to understand the reach of engagement during the consultation process. Forms were completed by **193** individuals.

Table 5

Equalities Monitoring	Pre-consultation	Consultation	Total
Completed survey	253	176	429
Completed Equalities Monitoring Form	129	64	193
Percentage completion	50.9%	36.4%	44.9%

Of the completed equalities surveys (193), more than two thirds identified as female and just under a quarter 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.

Table 6

	Pre-consultation		Consultation		Total	
Breakdown by gender	Number	Percentage	Number	Percentage	Number	Percentage
Male	39	30.2%	16	25.0%	55	28.5%
Female	88	68.2%	47	73.4%	135	69.9%
Other	0	0.0%	0	0.0%	0	0.0%
Prefer not to say	2	1.6%	1	1.6%	3	1.6%

The largest group of respondents identified themselves as White, of which White Scottish was predominant (85.59%), with low numbers identifying themselves as being White Other British (21), Other White Ethnic Group (4), and White Irish (2). This suggests that we have work to do to engage a range of ethnicities in our consultation process. More specific engagement with stakeholders or community groups and using the external expertise (such as the Coalition for Racial Equality and Rights) should help shape future planning of engagement for activity.

The age groups of respondents to the consultation who completed the Equalities Monitoring Form are summarised in the table below and would suggest there is work to be done to engage those within the lower and higher age groups, although the tailored approach to engagement was designed to address the potential that electronic surveys would not be the preferred means of engaging for these groups.

Table 7

	Pre-consultation		Consultation		Total	
Breakdown by age group	Number	Percentage	Number	Percentage	Number	Percentage
Under 16	0	0.0%	0	0.0%	0	0.0%
16 – 24 years	1	0.8%	0	0.0%	1	0.5%
25 – 34 years	8	6.2%	5	7.8%	13	6.7%
35 – 44 years	20	15.5%	13	20.3%	33	17.1%
45 – 54 years	43	33.3%	22	34.4%	65	33.7%
55 – 64 years	47	36.4%	21	32.8%	68	35.2%
65 – 74 years	5	3.9%	2	3.1%	7	3.6%
75 +	4	3.1%	1	1.6%	5	2.6%
Prefer not to Answer	1	0.8%	0	0.0%	1	0.5%
Total	129	100.0%	64	100.0%	193	100.0%

One of the key omissions in relation to capturing data on equalities groups or groups with protected characteristics is the fact that equalities monitoring information was only captured as part of the two online surveys. Whilst we are able to see the representation in feedback from specific groups by virtue of their involvement in the more tailored engagement, which was focused on reaching specific

groups, we did not seek to formally capture equalities information from those stakeholders. This was in part not to over-burden or influence that activity with the need to capture data for the HSCP. However, with hindsight it leaves us with a gap in our understanding of the reach of the engagement in relation to equalities monitoring and will therefore be considered for future exercises.

5. Consultation and engagement feedback

5.1 Information about the Strategic Plan

When asked for their view on the length of the Strategic Plan document itself around a quarter (25.5%) said it was too long. A small number (n=16, 6.8%) said it was too short and around a third (34%) said it was about right.

Whilst more than half (53.1%) of people responding to a question about the duration of the plan said they felt it should remain at 3 years, there was support for a longer planning cycle. Just under a third (31.3%) opted for 5 years with 8.3% proposing a ten-year Plan. Deliberations about the duration of the Plan were not continued following the survey because in the intervening period the National Care Service (Scotland) Bill was published which outlined the intention for new Care Boards (replacing the IJBs) to have mandatory 3-year Strategic Plan cycles.

The pre-consultation engagement activity sought to understand which type of information people wanted the Strategic Plan to cover. Again there were many comments received which could not be taken further because of their focus on specific services or functions, which were not considered feasible for a strategic plan. Some of the more general suggestions related to content included those in the table below.

Table 8

What should be included in the Strategic Plan?
Reference to the health and social care workforce , who deliver the service
Tell us - What do you Want to Do and How will you do it
The Plan should be written in plain English, should be written without the use of jargon or any abbreviations to make it easier for people to understand
Highlight successes as well as future aspirations
Keep in priorities and targets and how you are going to achieve priorities
There is too much background information and not enough concrete plans to meet the key objectives
Given the high effort that goes into patient engagement in the partnership as well it would be good to include some direct quotes from them (and staff) on what some of the priorities mean to them and why they are important - just to give a more emotive element to the plan and bring it to life a bit
On top of the compelling demographics and background info- which we definitely need- we would really love to see more information about equalities as well as intersectionality e.g. disabled young people, disabled women, disabled LGBT people, disabled black and minority ethnic people

How the workforce will be supported to deliver the services, especially given shortages within a lot of health and social care services in terms of skills and staffing. More emphasis should be put towards the support and value of staff who deliver services.
How is success being measured and how will this be tracked? Indicators are useful but there will also be other outcomes more evident through specific evaluation of services
Information on other areas such as mental health and wellbeing, recovering from Covid-19, isolation, accessing health services
Learning and recovering from Covid-19.

5.2 Vision

Respondents to the initial pre-consultation engagement survey were asked for their views on whether the IJB's Vision still applied. More than half felt that it did still apply although nearly one in three felt that it did not. The tables below contain extracted comments that sought to explore why the Vision no longer applied and what is needed to achieve the Vision.

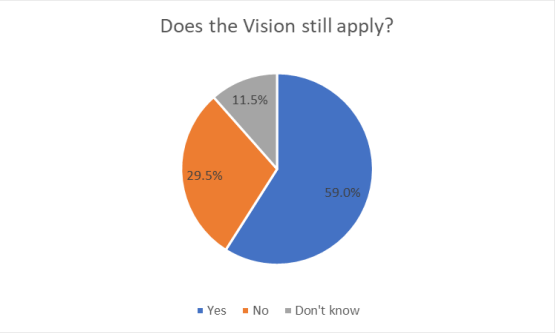

Table 9

Comments on why the Vision is no longer relevant?
Health and social care services don't always work together
Challenges (including financial constraints) hamper the vision
Too much internal referral red tape paperwork impacting on achieving the Vision
How can people flourish in times of continual cuts, austerity, increasing costs across all sectors of people's lives?
There are constant demands made to source and identify community resources/placements that are not there, or stretched to the limit
Due to pandemic normal health care/operations etc are delayed substantially
Insufficient services in the community to enable the vision to succeed
Eligibility Criteria prevents a service user accessing low level services that could prevent high level support needs in the future
There are too many barriers in place for individuals to access the services that they require.
The sentiment of the Vision is sound but there is still a lot of work to implement it.

Table 10

What is needed to achieve the Vision?
A sustainable workforce
Better funding
Service user engagement and feedback
More access to services (home carers, mental health services, district nurses)

Less reliance on statutory social work services
Better partnership working with independent and 3rd sector
The general population taking more responsibility and pride in their own health and wellbeing
Empower people to help provide support for their families if needed.

5.3 Priorities

5.3.1 Respondents were asked for their thoughts on whether the existing strategic priorities were still relevant and whether there were any changes needed. Many of the comments received indicated support for the current priorities and many others focused on priorities for specific areas of service provision. In many cases the comments were too service-specific to be included in a strategic plan. Some of the comments that informed discussions about revising the existing priorities included those in the table below.

Table 11

Comments on existing Strategic Priorities
Harm reduction tends to take place when someone is a user of services and therefore not really in keeping with preventative work
Providing greater self-determination and choice can be considered as a precept of self-directed support, but within a confine of meeting eligibility, needing allocated workers, accessing social care etc. Priority needs to be about accessing right support at the right time and ensuring there is an honesty about the resource implications for our city
Shifting the balance of care overlaps with Enabling independent living for longer
Providing greater self-determination and choice can be at odds with Public Protection when appropriate action is required and not necessarily a matter of choice
This will only work if this is appropriately funded and patients/services users are supported and educated in how to be more self-determining
There has not been sufficient emphasis in the past on the psychological aspects of health behaviour change or on maximising wellbeing
Supporting your staff should be the 6th strategic priority. This means investing in additional staff and bringing caseloads down to manageable levels
I think there should be a strategic priority around equality of access and ensuring that all minorities have equitable access to health and social care.
This is all well and good, but doesn't change the fact that the key limiting factor is resources. Without proper funding, none of these objectives are achievable
Can 'listening and acting on customer views' be incorporated?
I am struggling to understand why improving people's health, wellbeing and life expectancy is not front and centre.
The priority Providing greater self-determination and choice should be amended to emphasise that greater choice only has a positive effect if it is informed choice. Suggestion to amending priority to Providing greater self-determination and informed choice
The Public Protection priority fails to capture the activity of the HSCP in terms of supporting the reduction of harm in communities and to individuals and the fact that in some case it is not a priority but a statutory function

Shifting the balance of care is to reflective of the work to shift care from institutional settings to community settings. The language needs to change to reflect the current priority, which is to support people to live in their own communities.

5.3.2 From the comments that were received there were a variety of suggestions for new priorities to be added. These included:

- Reducing health inequality & health promotion/health improvement
- Clear pathways and information for people who need extra support
- Listening and acting on customer views
- An emphasis on co-design (of services)
- Equality of access and access at the right time
- Healthy and supported workforce
- Equalities and human rights
- Better and more inclusive communication with communities.

These suggestions were used to engage with the IJB and Senior Management Team to distill the feedback into some suggestions for revised priorities.

5.3.3 The feedback received resulted in the following key changes to the previous strategic priorities of the IJB:

- Separation of harm reduction from early intervention and prevention
- Harm reduction to be incorporated into a revised version of Public Protection, focusing on working to strengthen communities to reduce harm
- Addition of well-being to Early Intervention and Prevention to focus on the importance of supporting people to maintain health and well-being
- Removal/merging of Shifting the Balance of Care and Enabling Independent Living for Longer to create a new priority focusing on supporting people to remain in their communities if that is what they choose with the correct and appropriate supports in place
- Revise and rename Public Protection to acknowledge the wider function and role in reducing harm in communities alongside the role in formal protection activity
- Addition of a priority focusing on ensuring a stable and sustainable workforce and financially sustainable health and social care system generally.

Table 12: Summary of changes to the priorities for 2023-26

Strategic Priorities 2019-22	Partnership Priorities 2023-26
1. Prevention, early intervention and harm reduction	1. Prevention, early intervention and well-being
2. Providing greater self-determination and choice	2. Providing greater self-determination and informed choice
3. Shifting the balance of care	3. Supporting people in their communities
4. Enabling independent living for longer	4. Strengthening communities to reduce harm
5. Public protection	5. A health, valued and supported workforce

	6. Building a sustainable future

5.3.4 Three quarters of those taking part in the pre-consultation survey felt seeing the activity that the HSCP had planned to achieve the priorities was useful and other comments indicated that the Plan had to carry more information on what we planned to do rather than simply making statements about what our priorities are. Officers reviewed and updated planned activity in relation to each of the priorities, taking into account the comments from the feedback. The extended activity tables are located in the Appendix to the Plan to avoid detail within the main Plan that some felt is unnecessary.

5.3.5 A key area in relation to the development of the priorities was identifying how we would know if we are successful in achieving them. To this end we asked stakeholders what they feel success would look like. This has shaped the informal measures of success outlined in the Plan and included the following suggestions:

Table 13

What success would look like
A reduction in individuals presenting in crisis
Long term trends of improvement in key health metrics
Carers able to support individuals for longer without paid support
More people having Power of Attorney and advanced statements at start of dementia journey rather than Social Work getting involved at crisis point
Better local resources with activities etc available at nights and weekends and helping people to take responsibility for life choices
Reduced demand for services
There will be a significantly wider range of supports available to individuals who need support
A real choice is available from locally based providers who understand the needs of the community
Increased levels of satisfaction with services received
A very proactive, visible and comprehensive effort to gather, record and understand what people actually want and work with other partners to develop those things. Without that understanding, planning and creation from the outset the process of meeting people's wishes or preferences will be limited to delivering a choice only of what is already available
People are confident and knowledgeable and able to make informed decisions about their care
The number of individuals entering residential care will reduce because alternatives are available not because of pressures on placements
More people being supported safely in their own home or supported living type complexes
The standard of housing in the city will improve
Appropriate staffing levels within teams
I would expect to see something about people/citizens are living in a city where they feel safe and know how to seek support if they are being harmed in any way.

5.4 Impact of Covid

We asked stakeholders to consider the impact of the measures introduced to combat the Covid-19 pandemic, and to tell us if there any measures that should be retained. Around one in four people (43.7%) said there were, with around 20% (22.7%) indicating there were not. Of the measures that we were to consider retaining the following were referred to:

- Partnership working that evolved during the pandemic
- New working practices such as hybrid working
- Removal of bureaucracy in some processes
- New ways of delivering services (but as a choice rather than a full replacement)
- New services (e.g. Mental Health Assessment Units, vaccination sites, Compassionate Distress Response Service)
- Provision of PPE and testing kits to frontline services
- Greater focus on staff wellbeing
- Safety measures in buildings (e.g. protective screens)
- Regular messaging and communication.

More than a quarter (29.3%) of people felt there were measures introduced that shouldn't continue in the post-pandemic period (20.1% said there were no such measures). Changes that should not be retained included:

- Full time home or office working
- Use of technology to contact with professionals in certain services
- Withdrawal of care/support packages
- Suspended services/reduced service levels
- Over-reliance on peer support networks (e.g. that might have gone back to work)
- Redeployment of staff and certain tasks to other teams.

5.5 Stronger community definition

5.5.1 During the engagement activity that underpinned the first draft of the Plan we received feedback that indicated that the reference in the existing Vision to strong communities was unclear and ill-defined. We agreed and sought to develop a definition of strong communities, one of the foundations of the IJB and HSCPs work during the life of the 2023-26 Plan. The definition was shared as part of the consultation and stakeholders were asked to tell us what they thought of our definition and what was missing from it.

Some of the feedback, which was used to shape the definition in the new Plan is summarised in the table below.

Table 14

What is missing from the definition of strong communities?
A sense of belonging, and investment, in the community in which people leave fostering a sense of pride in their area
I like the definition overall, but would like to see more emphasis on neighbourliness and the importance of connectedness withing a community between the people that live there.
It could benefit from an equalities focus. Geographical communities are only one form of community, and realistically, for communities of interest 'community' is often more of a city-wide issue.
I think that stronger community needs to be elaborated on as different regions within Glasgow have very different demographics and therefore different needs.
Communities having avenues to communicate with the council, having a voice, being listened to and receiving feedback about their views
Think about engagement of disenfranchised groups in local community.

5.6 Meaningful involvement

Meaningful involvement is another area of the Plan where a significant level of detail was added in response to suggestions that involving stakeholders, meaningfully and at the correct point in time, is an area that the Plan needed to be clearer on. For the consultation version a set of principles for meaningful involvement was drafted, taking into account some of the feedback from the earlier targeted engagement and stakeholders were asked to comment. Nearly two-thirds (64.1%) of people felt that the principles were about right, with a further 29.3% indicating they were partially right.

Table 15 below indicates the comments we received that led to direct updates to the Plan.

Table 15

Principles of meaningful involvement
There needs to be a greater focus on involvement of those who are using the services, not just lived experience or 'have an interest' with more than just consultation but meaningful involvement in design and commissioning of those services **(updated relevant principle)**
Meaningful involvement is self defined by the user. These will vary by group, service, need abs individual - this must be acknowledged throughout the document and websites **(added a new principle)**
“Meaningful involvement is a two-way process and requires the full commitment of each partner" is a clear loophole to simply write off anyone who drops out of a program. There is no acknowledgement that a worker can rule that a participant isn't trying and kicking them out. There is also no demand in the principle to find out why someone is hesitant or apathetic to receiving help **(updated relevant principle).**
There needs to a clearer demonstration of partnership working in practice to visibly see what this commitment actually means in reality HSCP needs to ask itself and demonstrate what it expects to do differently and why this would be an improvement, rather than committing to words with no visible actions **(Case studies added to demonstrate)**

People with PMLD need to be considered as a specialist group on their own - and their very specific needs have to be taken into account when developing, setting up and running services and facilities **(updated relevant principle)**.
I think some awareness about the power dynamics in processes like these should be acknowledged and needs to be articulated. It will then be a guiding principle in the organisation of the these engagements, esp where it involves state machinery **(updated relevant principle)**.

5.7 Selected feedback from targeted engagement

A **Feedback Log** has been prepared that seeks to capture some of the points and suggestions made by stakeholders at engagement opportunities over and above the two public surveys. Appendix 1 contains a list of the scheduled engagement and consultation activity to give an idea of the types of activity planned and the organisations involved. In total circa 70 such opportunities were planned, although not all were able to be completed for a variety of reasons.

The Feedback Log seeks to identify any action taken and any ultimate impact on the Strategic Plan. Some of the key themes from the feedback at the targeted/tailored engagement sessions included:

- Access to services (most commonly primary care services)
- Moving back to offering face to face service delivery
- The value of partnership working
- Reliance on carers
- Continuity of carer for service users and patients.

Some specific examples of suggestions made at the various engagement opportunities that led to the inclusion or editing of part of the Strategic Plan are included in the table below.

Table 16

Suggestion/comment	Made by	Action	Plan page
Address the digital divide. Not just access to equipment but to the internet. If the HSCP is going to place more reliance on providing services though the internet/online then they have to tackle the digital divide or else they are not addressing fundamental inequalities and creating barrier to accessing services.	Adult Support and Protection Service User Reference Group (SURG)	Included within Covid section on how to progress recovery	24
Its difficult to know what you are entitled to – both in terms of welfare and services – don't know what services are there and how to get them. Like to see more information and help on what benefits you can get and help to apply for them – its so complicated	Lambhill Milton Cadder meeting	Links added to direct people to the HSCP website and Your Support Your Way Glasgow	9
Agreement that co-production would help but still a feeling that co-production is "done to us, rather than with us. There is an aspiration for service users to be empowered.	GCVS and HSCP Joint Event 1: Community co-production and engagement	Reference to empowerment and co-production updated in Partnership Working and Involving Others section	75/76
Isolation that has been felt by service users has also been felt by staff. People are becoming so burnt out – there are real concerns about how	Alliance exCHANGE: Glasgow City HSCP	Added comment to "What you told us" section of Priority 5	51

to retain and recruit staff under these circumstances.	Strategic Plan Engagement Session		
Speak to hard to reach persons, marginalised and underrepresented, service users, all ages, all financial backgrounds, least heard voices,	Local Engagement Forum– 2022 Survey Summary	Reflected in Partnership Working and Involving Others section	75/76
Social Care seems to be hugely under staffed and underfunded (leaving families feeling alone, unsupported and flailing). I also find that professionals are uncertain about how to support PMLD children/families.	Session held by PAMIS with families of people with LD	Importance of staff group added as new Priority 5 (A Healthy Valued and Supported Workforce)	51
Mental and wellbeing post Covid is so important and should be a priority in the plan. Including the impact of long Covid, increase in anxiety and loneliness, depression, increased trauma and emotional health, suppressed emotional mental health trauma.	North West Glasgow Mental Health and Wellbeing Network	Consideration of mental health as an additional, specific Strategic Priority part of discussion with the senior management team on 10/08/22. Added to considerations for recovery in Covid 19 section	24
Waiting times for assessment are poor and have been waiting for weeks though someone people have waited longer. Don't seem to have enough people or resources.	Prince and Princess of Wales Hospice: Engagement with service users	Reduction in waiting times added as a measure of success of Priority 1	34

Appendix 1 List of scheduled engagement and consultation activity

No'	Engagement opportunity/event	Reference Group	Format
1	Integration Forum	Asylum & Immigration	Teams meeting
2	Prince and Princess of Wales Hospice: Engagement with service users	Older People	Surveys and possible discussions
3	ARBD service user engagement - Wheatley Care Fullarton Project in Tollcross	Addictions	Surveys
4	People First engagmeent with people with LD	Learning Disability	Various methods
5	Recovery Communities: Development Weekends for NW and NE	Addictions	Face to face discussions
6	Recovery Communities: Volunteers supervision, outreach workers and weekly drop ins	Addictions	Provision of surveys
7	Recovery Communities: Citywide wellbeing fund discussions	Addictions	Provision of surveys
8	Recovery Communities: ROSC events	Addictions	Provision of surveys
9	Community Councils	All	Provision of surveys
10	Supported Employment Service	Learning Disability	Various methods
11	Work with organisations and service users with experience of substance misuse (VSDAA)	Addictions	Various methods
12	Engagement with adult MH service users	Mental Health	Focus groups
13	Group work with the staff engagement networks run by GCC	Mental Health, Carers	Survey shared; focus groups offered
14	Discussion with FASS groups (family support, kinship and bereavement	Addictions	Face to face monthly meeting
15	Child Protection/Adult Protection Committee	Public Protection	Virtual discussion
16	Fortune Works Service User engagement	Learning Disability	Presentation and group work
17	Enable Glasgow/Fortune Works carers engagement	Learning Disability	Presentation and discussion
18	Scottish Recovery Consortium	Addictions	Distribution of survey
19	Family and carers of people with Cerebral Palsy session	All	Virtual
20	GCVS & HSCP Event 2: Co-production and engagement with the 3rd Sector	Strategic Group	Zoom meeting
21	Service User Reference Group	Public Protection	Teams meeting
22	Pre-consultation engagement survey	All	Electronic survey; paper survey; easy read version
23	GCVS & HSCP Event 1: community co-production and engagement	Strategic Group	Zoom meeting
24	Drumchapel Thriving Places Breakfast and a Blether/Network	All	Presentation and group discussion
25	Lambhill Milton Cadder meeting	All	Presentation and group discussion
26	GHIFT session with people with lived experience of homelessness	Housing and Homelessness	Focus groups
27	Housing Contribution Statement survey	Housing and Homelessness	Electronic survey
28	NW Glasgow Voluntary Sector Network	All	Newsletter containing link to survey
29	Housing, Health and Social Care SPG: Facilitated discussion by NRS	Housing and Homelessness	Teams discussion
30	Community Engagement OP South Locality	Older People	Presentation and Consultation Questions
31	North Glasgow Food initiative Art Group and Walking Group (Milton)	All	Face to face presentation and discussion
32	Wheatley Group engagement with tenants	Housing and Homelessness	Focus group
33	Children 1st: Parent and children in recovering families and Youth Participation Group for young people with lived experience of substance misuse in the family	Childrens Services	Group discussion
34	LEF Engagement Session	All	Surveys
35	Recovery Communities: Recovery Connects event	Addictions	Provision of surveys for stall holders
36	Local Area Co-ordinator engagement with people with mild LD	Learning Disability	Staff support to service users to engage with survey
37	Focus group with GAMH adult MH service users	Mental Health	Focus group to support survey completion; assisted survey completion with carers centres
38	Carers of people accessing day services and care at home (purchased) via Bailleston Community Care	Older People	Face to face carers event
39	Alliance exCHANGE event	Housing and Homelessness	Virtual event with breakout discussions
40	Carlton Day Centre for Learning Disability	Learning Disability	1-1 supported discussion
41	Families of people with LD, including those in transition phase	Learning Disability	Zoom meeting
42	Sessions with family carers of people with profound and multiple LD	Learning Disability	Zoom meeting
43	Scottish Drugs Forum City Centre Engagement Group	Addictions	Discussion
44	Carlton Day Centre Carers	Learning Disability - Carers	Presentation followed by discussion
45	Knightswood Connects Seniors	Learning Disabilty	Presentation followed by discussion
46	North West Glasgow Mental Health and Wellbeing Network	Mental Health	Short presentation followed by discussion
47	Support Minds (Cares for People with Mental Health Issues)	Mental Health	Consultation at Venue
48	Mental Health Wellbeing Hubs community engagement	Mental Health	Various methods
49	Children 1st Freedom Youth Group	Addictions	Informal conversation involving art materials to brainstorm with mind maps/
50	Children 1st Recovering Families Consultation	Addictions	Informal conversation with parents, round the table face to face Children – creative art activities and conversation.
51	Wheatley Care Fullarton Project in Tollcross (ARBD)	Addictions	Completed survey by residents
52	North West LEF	All	In person/virtual event
53	PA-Employer Peer Support Sessions (GCIL)	Learning Disabilities	Zoom meetings
54	Online Housing, Health and Social Care Event	Housing and Homelessness	Online event
55	Consultation: Survey to ASP committee members	Public Protection	Online survey
56	Consultation: Survey to Networks from Raymond Traynor	Older People	Online survey
57	Consultation with service users	Older People	In person event
58	Article for GCIL newsletter	Learning Disability	Newsletter
59	Consultation: Maryhill Together Community Open Day	Mental Health	In person event
60	Sector Community Planning Partnerships – North East, North West and South	All	Virtual Meetings
61	Housing, Health and Social Care SPG		Teams meeting
62	Children's Core Leadership Team	Childrens Services	Teams meeting
63	Children's Services Provider Event	Childrens Services	Teams meeting
64	NE Partnership forum	Childrens Services	Teams meeting
65	South Children's G8/9 meeting	Childrens Services	Teams meeting
66	Alzheimer's Scotland feedback sessions	Carers	Conversation cafes
67	Strategic Plan Event: Homelesssness	Housing and Homelessness	Teams meeting
68	Prison Healthcare, Police Custody & Justice Services		Teams meeting
69	Strategic Plan Event: Complex Needs	Public Protection	Teams Webinar
70	Stategic Plan Event: Older People	Older People	Teams meeting
71	Strategic Plan Event: Alcohol & Drugs Partnership	Addictions	Teams meeting
72	Strategic Plan Event: Glasgow Disability Alliance	All	Zoom Meeting

Appendix 2: Template engagement plan

Glasgow City Health and Social Care Partnership

Strategic Plan Review

Reference Group Engagement Plan

Reference Group: XXXXX

1. Reference Group Membership

Organisation/Group	Contact(s)	Community of interest

2. Terms of reference

Purpose

The purpose of the Reference Group is to consider and approve an approach to engaging with relevant stakeholders for the review of Glasgow City Integration Joint Board's Strategic Plan. The group exists to bring together a partnership of those involved with the planning, delivery and use of services relevant to XXXXXXX services across Glasgow City to ensure best use is made of existing resources, experience and expertise during the engagement and consultation phases of the review of the Strategic Plan.

Aim

The Reference Group will work together to agree a co-produced plan for engagement with stakeholders across Glasgow city and ensure that barriers to engagement which affect specific groups and individuals are identified and, wherever possible, overcome. The group will provide advice and expertise on engagement with users and providers of services and report back to the Strategic Plan Working Group with progress and outputs. The aim of the Reference Group is to ensure a robust and equitable engagement approach which maximises opportunities to hear the voices of stakeholders and contributes to ensuring the next Strategic Plan (2023-26) is driven by, and reflects the views and priorities of communities across the city.

Objectives

1. Agree a co-produced engagement plan
2. Agree the role of the wider sector in planning and delivering the engagement
3. Agree the best methods to engage with stakeholders
4. Contribute to setting the engagement and consultation questions?
5. Agree arrangements for data collection, collation and analysis
7. Consider how to include people with lived experience/service users/patients on the groups
8. Agree outcomes (i.e. what does co-production look like)
9. Promote via respective established comm's channels
10. Ensure voices protected characteristics groups
11. Consider how to address inter-sectionality of service users

Membership

Membership of the group has been drawn from organisations, groups, officers and service users with an interest or role in planning, delivering or using XXXXXXXXXXX services and with experience and expertise in engaging with stakeholders and partners. Group membership will be under regular review and includes:

Allison Eccles: Head of Business Development

Craig Cowan: Business Development Manager

Jane Wong: Support Officer Governance and Strategic Planning

Frequency of Meetings

Initially the group will commit to meeting once a month, with frequency to be reviewed and amended as required.

3. Stakeholder mapping

Please consider the stakeholders with whom you intend to engage and whether there are any particular barriers to engaging with them or additional considerations to enable engagement. Where there are barriers or considerations please consider the mitigating actions that require to be put in place to ensure equitable access to engagement opportunities.

Stakeholders	Barriers/considerations	Mitigations
e.g. users of services for people with sensory impairments	*Group will include people with visual or sensory impairments*	*Ensure engagement methods do not exclude and include, for example, BSL translation and other relevant adaptations*

4. Cross-cutting stakeholders and protected characteristics

Please consider the cross-cutting and protected characteristics groups and the extent to which the proposed engagement methods promote and facilitate inclusivity and involvement. Please consider the impact of intersectionality of any protected characteristics.

Stakeholder/protected group	Considerations for engagement	Any actions or mitigations
e.g. disability	*Cross-cutting service user group with a range of preferences in relation to engagement methods*	*Discussion with organisations representing people with disabilities to ensure identification of preferred methods and possible support to carry out engagement activity*

Stakeholder groups

Users of Primary Care Services

Users of self-directed support

Protected Characteristics: Age, Disability, Gender reassignment, Marriage and civil Partnership, Pregnancy and Maternity, Race, Religion of Belief, Sex, Sexual Orientation

5. Proposed engagement approach

Please consider the method for reaching each audience, informed by sections 3 and 4 above, and any supporting information or activity to complete the activities.

e.g. electronic survey	*All relevant provider organisations*			*e.g. email distribution lists*

Examples

- Cascading information on getting involved through existing internal and external/partner networks, organisations and groups, for example the representatives of the Strategic Planning Group and Locality Engagement Forums
- Use of the HSCP and partner communications channels, including social media
- Links to engagement activity and opportunities on stakeholder websites and intranets
- Feedback reports and briefings circulated widely
- Communication and engagement collateral (virtual and hard copy where required) in plain English
- Presentations or attendance at meetings and online events using, audio and video clips (presentations/video's should have sub-titles and signing on if possible)
- Circulation of pictures, videos and quotes from professional and/or local leads inviting people to engage
- Virtual workshops
- Team and group briefings and verbal updates
- Phone calls
- Emails
- Questionnaires – hard copy and virtual accessed via link or QR Code

6. Scheduled/Planned Engagement activity (i.e. outwith Strategic Plan activity)

Please identify any engagement activity planned or scheduled for the organisations/groups/individuals represented on the Reference Group to enable consideration of alignment of activity and/or access to outputs for the strategic plan.

This information will be used to consider whether to incorporate planned activity into the pre-consultation engagement questions or whether pre-consultation engagement questions can be absorbed into existing planned engagement activity.

Activity	Purpose	Methods(s)	Lead / Action By	Date planned

e.g. Local Engagement Forum (North West)	*Gather feedback on previous plan and future priorities*	*Teams session; electronic survey*	*Community Engagement Officer*	*February 2022*

Relevant regular engagement groups/structures/fora

Please consider any relevant existing networks, groups, fora, or engagement structures that you would use to engage with your audience.

Group/structure	Purpose	Meeting frequency	Audience

7. Key messages/communications

Please consider any specific messaging to encourage and promote involvement amongst specific service users/provider organisations. This messaging should align with the messaging outlined within the Communications Strategy for the review of the Strategic Plan and the strategic objectives of the activity to be undertaken by organisations/groups represented on the Reference Group

Message	Audience	Methods(s)	Lead / Action By	Date planned
The Strategic Plan outlines the vision and priorities for health and social care services in Glasgow, and how they will be planned and delivered	All			
The current Strategic Plan (2019-22) has been extended for a year due to a number of factors (for example, COVID-19, withdrawal from the European Union and developing priorities for the new Scottish Government), and its review will be progressed throughout 2021 and 2022 for the development of the next one (2023-26)	All			
The IJB and HSCP are committed to meaningfully engaging with people, communities, organisations and groups/networks in the review and development of the Strategic Plan, and supporting/empowering them to do so	All			
The IJB and HSCP are committed to working more closely with partners in the third and independent sectors to co-produce the Strategic Plan – including in the development of the engagement approach and arrangements and in consultation and engagement activity	All			
The IJB and HSCP are committed to actively listening to and taking account of the views of as wide a range of stakeholders as possible and	All			

Engaging with the review and development of the Strategic Plan enables people, communities, organisations and groups/networks to have a say on how health and social care services are planned and delivered within Glasgow.	All			

Appendix 3: Organisations and groups that engaged and/or directly provided feedback

Organisation/group
Alzheimer Scotland
Baillieston Community Care
British Deaf Association
Carlton Day Centre Carers
Carlton Learning Disability Day Centre
Cerebral Palsy
Carers Reference Group
Children 1st Freedom Youth Group & Recovering Families
Drumchapel Thriving Places
Enable Glasgow / Fortune Works
Family Addiction Support Services
GAMH
Glasgow Alliance - exCHANGE
Glasgow Centre for Inclusive Living
Glasgow City Council Alcohol Related Brain Damage Team
Glasgow City Council Asylum & Refugee Team
Glasgow City Council Community Council Team
Glasgow City Council Community Empowerment Services
Glasgow City Council Equalities, Diversity and Inclusion Team
Glasgow City Council Housing Services
Glasgow City Council Neighbourhood, Regeneration and Sustainability Team
Glasgow City Council Recovery Communities
Glasgow Council for the Voluntary Sector
Glasgow Council on Alcohol Voluntary Sector Drug & Alcohol Agencies (VSDAA)
Glasgow Disability Alliance
Glasgow Homelessness Information and Feedback Team
Housing Health and Social Care Group
Knightswood Connect Seniors
Lambhill, Milton & Cadder Thriving Places
Local Engagement Forums (NW, NE and South)
Macmillan Cancer Support / Improving Cancer Journey
Maryhill Together Community
NHS Greater Glasgow and Clyde Finance, Policy and Performance committee
North Glasgow Food initiative Art Group and Walking Group (Milton)
North West Youth Health Network
NW MH & Well-being Network
PAMIS
People First Scotland
Prince and Princess of Wales Hospice
Public Protection: Service User Reference Group (SURG)
Scottish Drugs Forum
Scottish Recovery Consortium
Scottish Refugee Council
Simon Community Hub - Work with Waverley Care
Support Minds (Cares for People with MH issues)
Wheatley Care Fullarton Project (ARBD)
Wheatley Group
Young Parents' Support Base at Smithycroft Secondary and Glasgow Life