Glasgow City Health and Social Care Partnership

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response.
Are you responding as an individual or an organization? (required)

☐ Individual

☒ Organisation

What is your name or your organisation's name? (required)

Glasgow Disability Alliance

What is your phone number? 0141 556 7103

What is your address?

Suit 301 The White Studios
Templeton Business Centre
Templeton Court
Bridgeton, Glasgow, G40 1DA

What is your postcode? G40 1DA

What is your email? islamcintosh@gdaonline.co.uk / tressaburke@gdaonline.co.uk

The Glasgow City Integration Joint Board may publish consultation responses, and we would like your permission to do so. Please indicate your publishing preference: (required)

☒ Publish response with name

☐ Publish response only (anonymous)

☐ Do not publish response

We may share your response internally with other teams who may be addressing any issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for us to contact you again in relation to this consultation exercise?

☒ Yes ☐ No

Glasgow City Integration Joint Board
Participation and Engagement Strategy Consultation

Questions

Q1: The draft Participation and Engagement Strategy outlines eight principles of engagement which form the basis of our strategy. These principles are on pages 3 and 4 of the document.

Do you agree with these principles?

☒ Yes ☐ No

Please provide any other comments

We agree with almost all of the principles which are proposed to form the basis of the participation and engagement strategy and would build on these as follows:

- A Local focus should be complimented alongside an approach which gives equal recognition to the importance of communities of interest which transcend localities e.g. disabled people
- We are unconvinced that these principles will lead to either coproduction of process or accountability i.e. within this system, community members have only non-voting positions on the board. We recognise that this is not a Glasgow specific position and would encourage Glasgow to aspire to more aspirational standards of participation along the lines of Christie
- We are concerned that the language of 'two-way' communication - with individuals, groups and networks on one side, and the Integration Joint board implicitly on the other - reinforces a power binary whereby communities will have no real say or voice. Genuine involvement and participation requires equal recognition of the full range of voices from stakeholders at all levels.
- Co-ordination across care groups should be more clearly reflected in the HSCI strategy, by involving stakeholders across all relevant care groups to account for intersecting Health and Social Care needs e.g. older disabled people who are also carers, young people with mental health conditions who are also homeless. Whilst we appreciate the challenges of bureaucratic resource allocation, these do not account for the realities of people's lives as needs, issues and identities most certainly overlap.
- We would welcome the addition of principles which imbed the idea that those involved in experiencing inequalities are involved in solutions to tackle these and that this is a process of "doing with" and not "doing to" which is unfortunately suggested by the principle of **"Approachable"** which assumes support for the existing power dynamic
- We would welcome a commitment to embrace the principles recommended by the Christie Commission i.e.
    - public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;
    - public service organisations work together effectively to achieve

outcomes –specifically, by delivering integrated services which help to secure improvements in the quality of life, and the social and economic wellbeing, of the people and communities of Scotland;
    - public service organisations prioritise prevention, reduce inequalities and promote equality;
    - all public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable.
- We recommend that the PE Strategy signs up to principles outlined in the newly refreshed National Standards for Community Engagement which support the new Community Empowerment Bill and subsequent Guidance

Q2: The draft Participation and Engagement Strategy outlines a range of commitments about how we will engage with people. These commitments are on page 5 of the document.

Do you agree with these commitments?

☒ Yes ☐ No

Please provide any other comments

Again, we agree with the aims behind these commitments but feel that these can be even more meaningfully delivered where there is a clearer method of accountability to the views and involvement of community members and third sector organisations. Building on skills, knowledge and expertise already available is intuitive to the over-arching agenda of asset-based prevention and community empowerment. So too would signing up the IJB to a commitment around the imminent refreshed National Standards for Community Engagement. This new framework is similar to commitments proposed and we ask for a commitment to the following:

1. **Inclusion:** identifying and involving involve the people and organisations that are affected by the focus of the engagement.
2. **Support**: identifying and overcoming barriers to participation
3. **Planning:** There is a clear purpose for the engagement, which is based on a shared understanding of community needs and aspirations.
4. **Working Together** based on trust and mutual respect
5. **Methods:** We will use methods of engagement that are fit for purpose and encourage maximum participation
6. **Communication**: Throughout the community engagement process we will communicate clearly and regularly to the people, organisations and communities affected. This includes decisions and actions that have been agreed, and the reasons why the decisions have been made
7. **Impact**: We will assess the impact of the engagement and use what has been learned to improve our future community engagement practice.

Q3: The draft Participation and Engagement Strategy describes four different possible structures in which engagement with communities could be carried out. These are available on page 6 of the document, and are also listed below:

1. Making no change at all, and maintaining existing Council and Health Board structures
2. Developing integrated client or interest group structures
3. A local engagement network which has a remit across health & social care
4. A hybrid of options 2 and 3 above

Which of these options do you support?

☐ Option 1
☐ Option 2
☐ Option 3
☐ Option 4
☒ A different option

Please provide any other comments

Top Preference would be for a different option building in some bits of the other proposals:

- Representative community led organisations resourced to directly support the involvement of a diverse range of people with lived experience of health and social care services in all aspects of our integrated services including budgeting, oversight and scrutiny. Examples include patient orgs, housing associations, community forums and community based health projects and disabled people led orgs. Different models of involvement might include reference groups, consultations, round tables, participatory budgeting on a specific issue etc.
- Representative third sector leaders including GCVS, TS Forum etc
- A combination of local and city wide engagement recognising communities of place and interest.
- Voting members of community and third sector on the Integration Joint Board

Q4: Pages 7 and 8 of the draft Participation and Engagement Strategy describes how engagement activity which will be carried out in localities and city wide.

Do you agree with the content of these sections?

☒ Yes ☐ No

Please provide any other comments

Locality engagement is critical but on its own, risks overlooking the significance of communities of interest. Disabled people are very often excluded and isolated, unable to access resources in their local communities, and in Glasgow 3500 of them so far have come together to form a community of interest in GDA.

Disabled people's involvement and indeed their experience of integration may fall down as they are likely to be higher users of both services which have distinctive delivery models for historical reasons- for example health service are free at the point of delivery whilst community care services are not and incur charges.

Ultimately we would build on proposed activity and on setting more courageous ambitions which are more likely to deliver effective participation and involvement.

Q5. Pages 8 and 9 of the draft Participation and Engagement Strategy outline our approach to engaging with Community Planning, carrying out consultation activity and fulfilling our duties under Equalities legislation.

Do you agree with the content of these sections?

☒ Yes ☐ No

Please provide any other comments

Again, we would build on the stated aims by committing to:

- National Standards for Community Engagement including the principles
- Principles and 4 aims recommended by Christie Commission
- Resourcing GDA as the mandated voice of disabled people in Glasgow to support the voices and contributions of disabled people to participate
- Resourcing involvement of other equalities orgs to support participation and involvement of their constituents

Q6. Please provide any comments on the potential equalities impacts of this strategy, in particular the impact it may have on individuals or groups with a 'protected characteristic' as defined in the Equalities Act 2010. The protected characteristics are:

• Age
• Disability
• Sex
• Race
• Religion or belief
• Pregnancy and maternity
• Marriage and civil partnership
• Sexual orientation
• Gender reassignment

As mentioned above the over-emphasis on communities of place risks overlooking the significance of communities of interests e.g. disabled people. When protected characteristics are taken into consideration, we are actually talking about a substantial proportion of the population e.g. we know that approximately 25% of the population are disabled; over 50% are women etc.

These are not homogenous groups and of course overlap with a direct correlation between multiple protected characteristics and multiple oppression and inequalities. It would be brilliant if this impact could be considered and mitigating actions and targets planned out accordingly- recognising that there are challenges in this type of engagement which is best conducted by equalities sensitive organisations.

Q7: Please provide any other comments on the draft Participation and Engagement Strategy.

Overall we feel that genuine participation and engagement in health and social integration in Glasgow requires genuine power sharing i.e. through voting places on the board, equalities and communities orgs supporting involvement of their groups, GCVS supporting TS involvement as outlined above.

A commitment to the National Standards would be an excellent starting point along with strategic partnership with GDA, Glasgow Equalities Forum, equalities networks at a city level and community based orgs at a local level.

GDA have already submitted a report in response to the draft strategy which reflects the complexity of disabled people's experiences of health and social care services and outlines desired outcomes and participation being sought.

Completed responses should be returned via email to
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Or by post to:

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The closing date for consultation responses is **16 September 2016**