



Item No: 7

Meeting Date: Wednesday 27th February 2019

Glasgow City Integration Joint Board Public Engagement Committee

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GLASGOW HSCP VOLUNTEERING AND GLASGOW'S VOLUNTEER CHARTER

Purpose of Report:

To update the IJB Public Engagement Committee on volunteering agenda including the Glasgow's Volunteering Charter award progress.

Background/Engagement:

An NHS volunteer is defined as a "person who gives freely and willingly of their time to help improve the health and wellbeing of patients, carers and users of the NHS in Scotland". Scottish Government CEL 2011 23.

This definition has stood the test of time and is relevant to today's integrated agenda for IJBs.

Recommendations:

The IJB Public Engagement Committee is asked to:

- a) note the contents and progress of work in relation to volunteering within HSCP;
- b) support a lapse in the commitment to the Glasgow Volunteer Charter to allow reconsideration for the most appropriate way forward. This also provides time for the Charter Mark to be refreshed in light of the evaluation findings; and
- c) agree to report back in one year on progress and future recommendations.

Relevance to Integration Joint Board Strategic Plan:

Flourishing Communities, Healthier lives (Strategic Plan) and providing greater self-determination and choice.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer. Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected. Outcome 4. Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.
Personnel:	Within existing staff capacity.
Carers:	Carers are actively engaged in development of Carers strategy work.
Provider Organisations:	Third sector organisations that are commissioned by GCHSCP support and work with volunteers.
Equalities:	The Volunteering Information System (VIS) supports GCHSCPs to store and maintain information directly-engaged volunteers. This includes equalities data showing reporting on diversity and analysis of same. The Volunteering Charter is equalities aware.
Fairer Scotland Compliance:	Within our Strategic Plan we highlight supporting development of volunteering via peer models in the recovery agenda for drugs and alcohol and mental health this will support addressing inequalities of outcomes experiences for these patient groups.
Financial:	Development and support for any volunteering requires sufficient resource to adequately provide a quality safe experience for staff, patients and volunteers.
Legal:	Ensure governance and supports are in place as per policies to minimise any risks to organisation.
Economic Impact:	Development of peer models of volunteering and supporting "lived-experienced" individuals to co-design services allows better services, improves confidence and skills and connectedness with their services and communities.
Sustainability:	Within existing commitments.

Sustainable Procurement and Article 19:	Consideration for Procurement via commissioning around governance.
Risk Implications:	The need to ensure development of any form of volunteering is risk assessed and meets the requirements of the Lampard report in relation to governance.
Implications for Glasgow City Council:	Dissemination of GCC Volunteering Policy.
Implications for NHS Greater Glasgow & Clyde:	To appraise Glasgow City HSCP with NHS National Group decisions and to consult with and share HSCP views

1. Purpose

- 1.1 This report has been compiled to update the IJB Public Engagement Committee on the work undertaken to support the volunteering agenda within GCHSCP. This includes the HSCP achievement of Glasgow's Volunteering Charter.
- 1.2 The learning from undertaking the Volunteering Charter commitment will be discussed including the Glasgow Centre for Population Health (GCPH) evaluation and recommendations on the way forward for Volunteering within the HSCP will be offered.

2. Background

- 2.1 The current policy driver for the HSCP in the development of volunteering is described in ***Flourishing Communities, Healthier Lives - the Glasgow City Integration Joint Boards Strategic Plan for Health and Social Care 2019-22.***
- 2.2 The aspirations of the Strategic Plan are around involving service users with peer support for recovery within both mental health and alcohol and drug recovery services, and broader volunteering within prevention and treatment services. This work is either underway or in its early stages and fits with national policy. See Appendix 1 for case study on Naloxone volunteer.
- 2.3 Further opportunities for developing volunteering in the plan lies with reducing social isolation and loneliness, building community capacity and community connections. The HSCP are involved in a range of initiatives and partnerships regularly with the third sector either directly funding or working in partnership for this purpose.
- 2.4 Glasgow City Health and Social Care Partnership has a long history of involvement with members of the public volunteering in a variety of roles and ways. This varies hugely across the organisation and the following table (Table 1) gives just a few examples.

Table 1

VOLUNTEERING	DESCRIPTION
Peer Naloxone Distribution Project (See Appendix 1)	People involved in the recovery movement are trained to support the training and distribution of Naloxone within the Community.
Service Re design	Members of the community engaging In-service redesign supporting coproduction and transformation of health and social care services.
MCR Pathways	HSCP staff supported to volunteer to provide mentoring to care experienced young people.
Cancer Coaches (See Appendix 2)	Adults with a Learning Disability are supported to develop an educational programme around cancer screening to deliver to their peers. (Commissioned with external funds)
Locality Forums	At present these volunteers remain informal however are extremely valuable to the work of the HSCP.

2.5 A challenge for the HSCP is its size and nature which presents difficulties in capturing the diversity and depth of our volunteering; no single service has ownership. GCHSCP also works with the volunteering policies of both the NHS and GCC as employing bodies, which adds further complexity.

2.6 To create a single mechanism for recording and tracking our volunteers, the National Volunteering information System (VIS) database has been adopted across NHS and SWS staff. This is funded by the Scottish Government and delivered through the Volunteering in NHS Scotland development programme, managed by the Scottish Health Council (part of Healthcare Improvement Scotland). The system supports NHS Boards to store and maintain information on their directly-engaged volunteers. Glasgow HSCP is the first integration authority to have secured agreement to record all our volunteers through this system.

3. Glasgow's Volunteering Charter

3.1 GCHSCP is one of the Community Planning Partners within the Glasgow City Strategic Volunteering Group (SVG), This Group is responsible for reporting on all aspects of the Volunteering Strategy to the Community Planning Partnership Executive Group.

3.2 The SVG developed a Glasgow Volunteer Charter to which the IJB (June 2016) agreed that the HSCP should work towards achieving.

<https://glasgowcity.hscp.scot/publication/item-no10-glasgow-strategic-volunteering-framework>

3.3 The Charter involves organisations committing to creating and expanding appropriate opportunities for volunteering and ensuring opportunities are accessible to all.

- 3.4 It was envisaged that key partners would sign up (pledge) to the Charter by undertaking a yearly census and development of a smart action plan. This would form a baseline which would be repeated yearly to demonstrate increases in volunteering and diversity of volunteers.
- 3.5 The intention was that a core group of organisations would sign up (Phase1) and this would act as a model and catalyst for other organisations to sign up to the Charter thereby increasing the volunteering opportunities within Glasgow.
- 3.6 The Charter was launched in 2016 with an expectation that an initial 30 organisations would sign up and commit to the requirements. A progress report to GCPP last year noted that 21 organisations had made an “in principle” agreement to achieving the Charter Mark, with just less than half (10) having been awarded the Mark, as shown in the table below (Table 2). This highlights that only two CPP partners had achieved the Charter (GGC NHS and GCHSCP).

Table 2

Glasgow's Volunteering Charter - Phase 1 signatories' progress	Have made <i>in principle</i> commitment to the Charter	Have published their specific pledge(s) and associated commitments.	Have been awarded the Charter Mark having published baseline data and a SMART action plan to achieve their pledge(s)
Action on Hearing Loss Scotland	✓		
Clyde Gateway	✓	✓	
Cranhill Development Trust	✓	✓	
Food Train Glasgow	✓	✓	
Glasgow City Council	✓		
Glasgow City HSCP	✓	✓	✓
Glasgow Disability Alliance	✓	✓	✓
Glasgow Homelessness Network	✓		
Glasgow Kelvin College	✓	✓	
Glasgow Life	✓	✓	✓
Glasgow Women's Library	✓	✓	✓
The Hidden Gardens Trust	✓	✓	✓
Loretto Care	✓		
NHS Greater Glasgow and Clyde	✓	✓	✓
Police Scotland	✓	✓	
Scottish Fire and Rescue Service	✓		
Scottish Refugee Council	✓	✓	✓
Uni of Strathclyde Students Assoc'n	✓		
Victim Support Scotland	✓	✓	✓
Volunteer Glasgow	✓	✓	✓
YOMO	✓	✓	✓

- 3.7 The IJB approved the work to achieve the Charter and a working group was established and baseline information and action plan completed, which lead to GCHSCP being formally awarded Charter status January 2018.
- 3.8 During our initial baseline year (16-17) GCHSCP has experienced a 14% increase in the number of volunteers, with a 30% increase in the types of volunteer roles available. However the numbers remain lower than might be expected for an organisation of this scale; moving from 65 people volunteering with 27 different roles to 74 volunteers undertaking 35 roles.

4. Charter Learning and Evaluation

- 4.1 An evaluation on the implementation of the Charter was undertaken by Glasgow Centre for Population Health (GCPH).
https://www.gcph.co.uk/assets/0000/6476/Evaluation_of_Glasgow_s_Volunteering_Charter.pdf
- 4.2 Findings showed that large statutory organisations faced difficulties in getting buy-in from other members of staff and increasing their own volunteering opportunities, with some expressing the wish for the existing pledges to be changed to better reflect their own organisational needs. See Table 3 below for GCPH comparisons between small and large organisations.

Table 3: Evaluation Comparisons

Easier to reach Chartermark	Harder to reach Chartermark
Small organisation	Large organisation
Flexible and autonomous	Bureaucratic/complex organisational structure
Volunteering is part of organisational culture	Volunteering is not valued or delivered
Organisational focus supports volunteer roles	Nature of organisation does not support volunteer roles
Already monitoring volunteering	No system in place to monitor volunteering
Diversity & inclusion are fundamental to way of working	Diversity and inclusion is valued
Staff are equipped to support volunteers	Staff have no experience of supporting volunteers
Senior staff actively support and enable volunteering	Senior staff pay lip-service to the Charter
Responsibility for the Charter is shared	Responsibility falls on one individual

- 4.3 GCPP noted the evaluation last year and invited Glasgow Volunteer Centre to consider the required changes to the charter mark respond to the key learning points.
- 4.4 Currently there are a number of ‘volunteering’ support roles undertaken through GCHSCP that are not eligible for inclusion in the Charter Mark. Examples include:
 - Staff volunteering, including staff released as MCR Mentors and in other capacities.
 - Volunteering supported through commissioned services (where this is funded by GCHSCP the volunteers ‘count’ as the commissioned service).
 - Residents who ‘volunteer’ with us in planning and strategic work that are not on the volunteer register e.g. our locality engagement forum members.

5. Locality Engagement Forums

- 5.1 Members asked that Locality Engagement Forums be visited to discuss the Volunteer Charter and the issues for and against inclusion on the VIS. Forums were visited during 2018 and discussions held around their views on being more formally recognised as volunteers. Each Forum responded quite differently to the issues identified, but all were unconvinced about the added value of them being on VIS.

6. Discussion

- 6.1 Work on the volunteering agenda within the HSCP has progressed slowly. This is to be expected for all the reasons highlighted in evaluation from GCPH in Table 3.
- 6.2 Volunteering is usually an additional task for service managers and staff in an already very stretched service arena. Recent progress has been made by Older Peoples residential day care services and this is encouraging but progress remains challenging.
- 6.3 The Volunteering Group have found that the Charter Mark requirements have acted almost as a distraction that may limit our volunteering achievements rather than enhancing them. The buy-in to the Charter from other CPP partners suggests that the challenges of the Charter Mark are not unique to GCHSCP.

7. Recommendations

- 7.1 The IJB Public Engagement Committee is asked to:
 - a) note the contents and progress of work in relation to volunteering within GCHSCP;
 - b) support a lapse in the commitment to the Glasgow Volunteer Charter to allow reconsideration for the most appropriate way forward. This also provides time for the Charter Mark to be refreshed in light of the evaluation findings; and
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Naloxone Peer Testimonial- October 2018

"As a Naloxone Peer Educator in North East Glasgow area I was given a great opportunity in August 2017 to become part of the Naloxone Peer Delivery Pilot. This new role involves me completing paperwork, inputting data into the computer system and handing out the Naloxone kits.

To make this transition I became a Volunteer with NHS GGC North East. Having previously volunteered in a similar environment I felt very comfortable and the transition for me was very easy. There is a change of pace with this exciting new venture and with my fellow Peers we have been hard at work. In my volunteering role I am more in control of my time and effort as part of a team in my time is more fixed and I worked my volunteering around my other priorities. I did not feel any pressure as the responsibility and accountability within my volunteering was discussed and supported.

As a team we have great support from NHS staff, and our supervisor, and as he became more confident in my abilities I was given more opportunities to work on my own initiative. I feel very fortunate to receive training and support that has encouraged my development at a pace that worked for me. I am also grateful for the opportunities to practice my new skills in a variety of different care settings with a definite emphasis on my safety this was enhanced with direct communication and understanding. I feel that there is a very supportive connection and my supervisor is able to ease any anxieties around being in formal settings. He instils a sense of calm and order which helps me to deliver training even in challenging circumstances but this is often where the training is most needed.

This opportunity has given me confidence to feel that I can make an impact however small by using my own experience. I am extremely thankful for this opportunity and as I continue my volunteering which I feel will equip me with certain values that will be useful as I move towards employment - structure, timekeeping, organisational skills, commitment, teamworking and self-respect for my own worth for what I can bring. This has been a great experience overall for me. It has allowed me to have a unique experience in a safe and nurturing environment, so thanks for the opportunity."

AMN.

Appendix 2

'I decided to become a Cancer Coach because I've dealt with a lot of cancer in my family and I wanted to learn more and help other people going through the same thing, seven of us are taking part as coaches.

Women with learning disabilities often don't get the support they need to go for screening.

Information is not offered or it is not accessible. We think this project can change that and will encourage more women with learning disabilities to get screened'

RS