

NOT YET APPROVED AS A CORRECT RECORD

GLASGOW CITY INTEGRATION JOINT BOARD
PUBLIC ENGAGEMENT COMMITTEE

IJB-PEC (M) 29-11-2017

Minutes of meeting held at Govan Housing Association,
246 Edmiston Drive, Glasgow, G51 3HH
at 10am on Wednesday, 29th November 2017

PRESENT:**VOTING MEMBERS**

Cllr Michelle Ferns	Councillor, Glasgow City Council
Cllr Jennifer Layden	Councillor, Glasgow City Council
Cllr Kim Long	Councillor, Glasgow City Council
Trisha McAuley	NHSGG&C Board Member (Chair)

NON-VOTING MEMBERS

Callum Bonner	Youth Engagement Advisor
Alex MacKenzie	Chief Officer, Operations
Susanne Millar	Chief Officer, Strategy, Planning & Commissioning / Chief Social Work Officer
Ann Souter	Health Care Users Representative

IN ATTENDANCE

Hamish Battye	Head of Planning, Older People's Services
Stuart Donald	Principal Officer (Planning and Governance)
Allison Eccles	Head of Business Development
Stephen Fitzpatrick	Head of Strategy & Operations, Older People
Jason Mokrovich	Business Development Manager
Fiona Moss	Head of Health Improvement and Equalities
David Walker	Head of Strategy & Operations (South)
Sheena Walker	Governance Support Officer (minutes)

GUESTS

Thomas Cunningham	South Community Recovery Network
Carol Donoghue	Staff Nurse
Lauren Doyle	Staff Nurse
Samantha Flower	OT Mental Health Adviser
Shona Mackie	Mental Health Network
Ester Milligan	Inpatient Services Manager
Lynn McDonald	Operational Manager, South Alcohol and Drug Recovery Service
Claire Muirhead	South Community Recovery Network

APOLOGIES

Simon Carr	NHSGG&C Board Member
Jean Honan	Carers Representative (Substitute)
John Matthews	NHSGG&C Board Member
Anne Scott	Social Users Representative

Trisha McAuley commenced the meeting by welcoming all presenters and guests in attendance.

ACTION**1. DECLARATIONS OF INTEREST**

There were no declaration of interests raised.

2. APOLOGIES

Apologies for absence were noted.

3. MINUTES

The minutes of the meeting held on 27th September 2017 were approved as an accurate record.

4. MATTERS ARISING

a) *West Glasgow Minor Injuries Service Review – Public Engagement*

Alex MacKenzie reported that a paper was presented to the IJB on 8th November to update members on the review; the engagement process had concluded and the recommendation was the status quo. The minor injuries review would be included as part of the wider transformation programme. To respond to pressures over the winter period a minor injuries unit would open temporarily at Yorkhill; Alex would discuss the detail of this with Jonathan Best and issue a correspondence to GPs to inform them of arrangements. An update would be provided to the Committee at the next meeting on 28 February 2018.

Alex MacKenzie

b) *Safer Drug Consumption Facility – Engagement Activity*

Susanne Millar reported that the response had been received from the Lord Advocate regarding the legal status of the facility, and a briefing was sent to IJB members on this; a formal report will be presented to the IJB on 24 January 2018.

In relation to the needle exchange service at Glasgow Central Station, this has been discussed at Scottish Parliament on 28 November 2017 and Susanne would meet with the Minister for Public Health and Sport and the Transport Minister to discuss this on 29 November 2017.

c) *Rolling Action List*

Trisha McAuley referred to the number of actions from the previous meeting and proposed that a rolling action list be produced to track actions agreed by the Committee. Members agreed with this proposal.

Allison Eccles

5. VOLUNTEER CHARTER

Fiona Moss presented a report to provide an update on the work of the HSCP Volunteering Charter Working Group, and to further seek guidance from the committee on how the HSCP acknowledges the contributions of members of the public who are engaging via our structures but not via a formal volunteering process.

It was reported that the Volunteer Charter was formed as part of the Commonwealth Games Legacy and that all Community Planning Partners had been asked to sign up to the Charter, including the HSCP. The NHS has achieved the Charter and the Council and HSCP were working towards this.

Fiona reported that the HSCP had 65 volunteers across a wide range of areas by the standard criteria used to define a volunteer, including within mental health, health improvement and addiction. There were also volunteers within residential units and older people services, but they did not meet the criteria of the Charter at present. There was a commitment to the pledge to increase the number of volunteers and to try and support diversity within this. A draft action plan had been produced and this would be presented to the HSCP Senior Management Team.

Fiona asked members to consider how the IJB Public Engagement Committee would be connected to this work. She also advised members that there were some volunteers who may not want to be engaged in a formal process and sought advice on this; and also how to acknowledge the contribution of volunteers.

Ann Souter raised concern that there would be a risk for some volunteers and that individuals may not want to be included in a formal process. Also that there be caution that this did not impact negatively upon people, for example those receiving Universal Credit. Ann asked what the age profile was of the volunteers.

Fiona acknowledged Ann's concerns and the risks raised, explaining that officers did not want to discourage people from volunteering with the HSCP. The HSCP was committed to improving volunteering within the city and to also extend this outwith the city, by offering support measures. Fiona advised that the age profile varied as does the type of volunteering undertaken; there were volunteers in mental health inpatient facilities providing music and gardening workshops, in health improvement promoting teeth brushing to children in schools; get moving and smoking cessation.

Cllr Long stated that the Charter would be a good test for the organisation and to ensure that the expectations and role of the volunteer was clear. Cllr Long asked if volunteers had a job description. Allison Eccles confirmed that there was not a formal role descriptor but that there was a formal process in place and volunteers were supported.

Cllr Ferns referred to section 1.4 of the report that a working group was established, and asked what the actions of the group were. Cllr Ferns also expressed interest in what engagement had taken place with groups of people who faced barriers to unpaid work, as these people added valuable contribution.

Fiona explained that there was a requirement to understand volunteers and the challenge to support services through volunteering. Examples of volunteers developed through addiction and within prisons were provided and that there were opportunities and benefits to volunteering, by helping individuals gain qualifications and move forward. Fiona added that the action plan could be shared with the Committee.

Cllr Layden expressed support to the Volunteer Charter and suggested that officers speak to organisations such as Marie Curie who have an extensive volunteer programme, to identify how best to acknowledge the contributions of volunteers. Cllr Layden added that the HSCP had a duty of care to volunteers and that volunteering could be emotionally draining.

Fiona informed members that the HSCP was part of the Glasgow Learning Partnership working with a wide range of partners on volunteering in the city and shared learning from them, including Glasgow Life who also had an extensive volunteer programme.

Thomas Cunningham reported that as a volunteer for the past three years he would advise officers to encourage and engage with volunteers to support their development. Within the South Community Recovery Network volunteers were supported to grow and develop and to participate and take ownership. This was supported through offering incentives and providing transport. Volunteers were encouraged through a tiered approach, by building confidence and self-esteem and allowing volunteers to develop and move on to other roles. This worked well and volunteers felt valued. There were also the benefits of having specialist workers with both lived experience and qualifications, as this delivered long term sustained outcomes for the community and society.

Claire Muirhead added that the HSCP volunteering programme could be attractive to those volunteers on peer mentor programmes to receive further training and development, and job references. It was also important to acknowledge the successful work of volunteers.

Trisha McAuley thanked members for their input, summarising that there was recognition that volunteers should be supported and their status acknowledged; and also to empower communities. The staged approach to volunteering was also supported by the committee. Trisha asked that the wider issues raised by members are relayed back to the working group to consider, along with how officers would respond to people that did not want to sign up to a formal process, but do want to input to the health and well-being of the city. A balance was required between the formal process and the recognition and appreciation of those who did not want to be part of the formal process and ensure that meaningful engagement took place.

Trisha asked that a progress report on the action plan be presented at a future committee.

Fiona Moss

Ann Souter also requested that officers attend the Locality Engagement Forums to discuss the Volunteer Charter with members.

Fiona Moss

The IJB Public Engagement Committee:

a) noted contents of the update.

6. PARTICIPATION REQUESTS

Fiona Moss presented a paper to report on the current position of NHS Greater Glasgow and Clyde (NHS GG&C) and Glasgow City Council on their procedures for managing Participation Requests.

It was reported that Participation Requests were established as part of the Community Empowerment Act which was introduced on 1 April 2017. The HSCP was not listed as a partner, however the Health Board and Council were and therefore there was a requirement to report on this. Allison Eccles was a member on the Council's group and the process for NHS was being developed. The report provided an outline of the current position; templates were included on the Council website for Participation Requests and one request had been received. Arrangements would also be established to ensure that staff were aware of processes if a request was made to the HSCP.

Trisha McAuley summarised that a key part of the Act was that an eligible body could make a Participation Request to request participation and involvement in a specific outcome improvement process and that the NHS and Council were responsible, however the IJB would be sighted on issues that impacted upon the work of the HSCP. Fiona added that there would be an annual report on the requests.

Cllr Ferns queried how Participation Requests were promoted and if there was a point of contact; adding that it is important that people know that they can make requests and it was the responsibility of the HSCP to promote this to organisations. To also ensure that there was meaningful engagement at the beginning.

Allison Eccles reported that currently Shaw Anderson was the lead for the Council and that officers were working on the detail to establish a process and ensure this was fit for purpose, as some of the requests could be complex. Information was available on the Council website and had also been discussed at Community Councils.

Fiona outlined that there was a requirement for processes to be developed and be clear before informing people that requests can be made. An internal communication would be issued to staff first and then this would be taken to organisations.

Trisha asked that the points raised by members were fed in to the process being developed and that any requests that impact upon the governance of the IJB are reported to the Committee.

Allison Eccles

The IJB Public Engagement Committee:

a) noted the content of this report; and

b) awaited Glasgow City Council and NHS processes being confirmed prior to undertaking a staff communication process.

7. CONSULTATION GOOD PRACTICE GUIDELINES

Allison Eccles presented a paper to propose good practice guidelines for staff undertaking consultation activity on behalf of the Glasgow City Health and

Social Care Partnership (GCHSCP) and Glasgow City Integration Joint Board (IJB).

It was reported that the guidelines were produced following the last meeting and there was a quick guide available at Appendix B. The guidelines were comprehensive and were flexible for staff use. Section 3.2 of the report outlined the advice provided and the standards that underpin the good practice consultation process were outlined at section 3.3. The guidelines had been shared with the North East Locality Engagement Forum and the HSCP management team and good feedback was received.

It was proposed that the consultation good practice guidelines would inform future consultations and if approved would be disseminated to staff.

Trisha McAuley stated that there was a whole spectrum of engagement, but the guidelines presented were for consultation.

Cllr Layden complimented the guidelines as a good piece of work which would assist in targeting hard to reach groups. Cllr Layden asked that officers consider including whistleblowing for services and staff in the guidelines, to ensure that this was covered. Allison advised that it was not specifically included, but that there is a policy in place and this could be cross referenced to the guidelines.

Allison Eccles

Cllr Long was also pleased with the guidelines and how quickly they had been developed given these were only requested at the last Committee meeting, and noted that they were comprehensive and inclusive. Cllr Long made further suggestions and commented on some examples of language used throughout the guidelines (for example, 'hard to reach groups' and 'circumstances that prevent'), asking that there be a language check to ensure that it was clear that barriers were not due to a fault on the part of the individuals or groups referred to, but that these were due to structural barriers which often exclude people.

Cllr Long also raised that a common issue with consultation is that organisations want to be inclusive but there needed to be more awareness and understanding of barriers that excluded people; and proposed that an equality group be invited to train or input to the Committee on common barriers for people, to ensure that this was embedded in the guidelines and that concrete examples were provided. A resource list of local organisations to consult with could also be developed as a starting base and this could be expanded and developed. A further suggestion was that worked examples/templates of good consultation be developed (for example, templates for posters and written consultation).

Allison welcomed the comments raised stating that these were useful and could be incorporated to the guidelines.

Allison Eccles

Trisha asked that officers review the language of the guidelines as per Cllr Long's comments; and that working examples/templates be developed. Trisha was also pleased with the guidelines presented by officers and asked that the quick guide version be cross referenced to the main guide.

Allison Eccles

In relation to inviting an equalities group to train the Committee, Trisha explained that this was an operational issue and suggested that equality groups deliver equalities training to staff who deliver services, but that the Committee should consider for meetings in 2018 how they engaged with service users.

Susanne Millar confirmed that there was a significant equalities training programme for staff and that equalities was a governance issue and that officers would give reassurance to the Committee that this was delivered. There was also the equalities statement to the IJB which Trisha advised was being presented to the IJB Performance Scrutiny Committee on 12th December 2017 for scrutiny. Stuart Donald noted that promotion of equalities awareness in the HSCP is led through a range of actions undertaken by the HSCP Equalities Working Group, and provided a few examples of recent actions.

Members discussed equalities and the need for engagement with the Committee. Trisha proposed that members consider the programme for meetings in 2018 and who would be invited, to ensure that the Committee heard from service users and their experience as this was critical. Trisha also suggested, and it was agreed, that this should include meeting organisations representing the interests of groups with protected characteristics, to allow the committee to better understand particular issues for the constituents served by the IJB.

Susanne Millar

The IJB Public Engagement Committee:

- a) noted the contents of this report;***
- b) approved the proposed good practice guidelines for consultation undertaken on behalf of the Glasgow City Health and Social Care Partnership and Glasgow City Integration Joint Board;***
- c) approved their dissemination to all staff in the Partnership and publication on the Partnership's website; and***
- d) approved that there are briefing sessions on the guidelines with staff who support consultation activity.***

8. PARTNERSHIP PUBLIC WEBSITE STATISTICS

Jason Mokrovich presented a report to provide an update on usage statistics for Glasgow City Health and Social Care Partnership's (GCHSCP) website since its launch in June 2017.

The website activity was reported for the period July to October 2017, following the launch in June 2017. Awareness raising activity took place at this time, and since, through email communications to internal and external stakeholders and also through the GCHSCP Twitter profile and newsletters.

Jason reported the website activity as detailed at section 3.1 of the report. There was a reduction in the number of sessions in August, but this had increased again in October; the number of users were also increasing. In terms of the bounce rate, users were spending more time looking at the site. The geography of users were mainly in Glasgow, but there were some users reported worldwide. The next steps for officers would be to continue to monitor statistics, including feedback from users.

Cllr Ferns acknowledged the high rate of return visitors and asked if the bounce rate was higher amongst mobile users, and if there were accessibility issues. As a mobile user she could see improvements of the website.

Jason explained that there could be a number of reasons for this including that information was sourced quicker, or that users were unable to find information. The website was designed for mobile use and to engage with these users; officers would monitor usage and any issues from user feedback.

Callum Bonner questioned if the reasons for the reduction in usage in August was known.

Jason reported that this could be due to the holiday period and also that there were less meetings scheduled over this period; there was no newsletter at that time either. It was expected that at launch activity levels would be high, and over the past few months additional work had taken place to increase activity and make improvements by ensuring information was updated and the website publicised.

The IJB Public Engagement Committee:

a) noted the contents of this report.

9. ENGAGEMENT AND LOCALITY ENGAGEMENT FORUM UPDATE

Stuart Donald and Hamish Battye presented a report to outline the key points from the Scottish Parliament Health and Sport Committee's report on Integration Authorities' approach to engagement with stakeholders and Glasgow City IJB's activity in relation to those points, and to provide an update on development of engagement structures and activity undertaken within Glasgow's three localities.

Stuart stated that the report was produced following the last Committee meeting when members requested that officers identify how the IJB was performing in relation to the Health and Sport Committee's report. The report presented outlined the key findings in Glasgow. Stuart noted that Glasgow City is in a good place in relation to many of the recommendations from the Health and Sport Committee, but there was still work to do. There had been progress for engagement in Glasgow through the production of the in the Communications Strategy, the Public Engagement Strategy, GSHSCP website, the IJB Public Engagement Committee, consultation guidelines, GCHSCP Twitter profile and support offered to stakeholders to ensure their involvement in engagement.

Hamish informed members that following the approval of the establishment of Locality Engagement Forums in November 2016 these were established in March/April 2017. An overview of the activity of the Locality Engagement Forums in North East, North West and South was provided and it was agreed that the Committee consider a progress report in early 2018 as the forums would be established for a year at this point.

Hamish Battye

Trisha McAuley recognised the growing sense of the volume of engagement that was being carried out and requested that the Committee should receive a full gap analysis against the recommendations in the Health and Sport Committee's report so that the Committee could identify what else needs to be done to ensure continuous improvement and to have an audit trail on public engagement.

Stuart Donald

The IJB Public Engagement Committee:

a) noted this report.

10. GP CLUSTERS AND GP ENGAGEMENT

Susanne Millar presented a report to update the IJB Public Engagement Committee on the GP Cluster arrangements and GP engagement within the HSCP.

It was reported that reassurance could be provided to the Committee that there was really good engagement taking place with GPs and smaller practices; and also that Clinical Directors were doing specific engagement activity with a large number of practices.

David Walker added that there will shortly be a new GP contract, which would influence planning and delivery for continuous improvement of services.

Ann Souter raised that there would be more work for pharmacies as a result of the new GP contract as they took on a bigger role and also that there would be charges for medicine delivery for patients.

Susanne stated that Pharmacists were engaging with the HSCP through the Primary Care Steering Group and there was a Lead Pharmacists in each of the locality Core Leadership Teams and they had a willingness to be involved and contribute to the work of the HSCP.

Alex MacKenzie explained that there would be communication with services following the GP contract and the Committee agreed to consider a future on the implications of the contract.

Susanne Millar

The IJB Public Engagement Committee:

a) noted the development of GP Clusters and the wider GP engagement and support being delivered within the HSCP.

11. PRESENTATIONS OF ENGAGEMENT IN THE SOUTH LOCALITY

a) Addiction Services

Thomas Cunningham, Claire Muirhead and Lynn MacDonald delivered a presentation to members on addiction services.

Thomas advised members that it was reassuring to hear the Committee's discussion on engagement, equalities and participation requests. Thomas provided an overview of his experience of community consultations and in being involved and contributing to stakeholder events, explaining that sometimes this was tokenistic. Feedback had been provided that to engage more it would be beneficial to have access to papers prior to meetings and of previous consultations to ensure they were fully informed and able to contribute to discussions. Thomas had also requested at the Alcohol and Drug Partnership if commissioning could speak to service users to provide an update on the new services and what they would be delivering.

Thomas highlighted that lived experience was paramount to delivering services and for officers to understand issues for service users; and that they should be involved from the beginning to the end of processes, including the monitoring of these. There were also companies' outwith communities delivering services and that these companies should be accountable to the community they were delivering to.

There was a requirement for service user needs and the services needs to link together. Recovery was important and a good quality of service was required to support them; including investment in aftercare to allow people to grow and develop.

Lynn added that there was a lot of work taking place for positive change and to ensure service user's voices were heard.

Claire informed members that she had attended an event at the House of Lords with Dr Saket Priyadarshi to speak about the safer consumption facility and lived experience as this can bring something meaningful to service design, and that people should be involved from the beginning. Claire added that it was a privilege to speak about the developments in Glasgow.

Trisha McAuley welcomed the comments of involving people in the process and the difference that this could make; and that this should be taken on board by officers and used in practice.

Callum Bonner asked how service users felt about access to services from those providers outwith the community and if there was positive engagement.

Thomas explained that they were unsure how this would work in practice at first but that the Community Alcohol Team review showed that there should be consistency of work; and he also felt that there should be more lived experience employed within services as they could speak to people and identify their needs.

Cllr Ferns also felt that it was important that lived experience is involved in processes as this was paramount to sustainable recovery; and that people should be involved in the review, monitor and evaluations stages.

Trisha stated that the message was key that people be involved in the early stages and that questions are raised at a governance level of officers. Trisha added that she would expect to see this embedded in the process as much as possible.

b) Mental Health (Community)

Shona Mackie and Samantha Flower delivered a presentation to the committee advising that this had been prepared with service user Joan McBride, who was unfortunately unable to attend on the day.

An overview of the collaborative working in the South was provided, including the South Area Patient Focus and Public Involvement group which had a diverse membership; meetings took place on a monthly basis and all members were given the opportunity to contribute to discussions. Speakers were also invited to the group to discuss services. Carers would also attend and were given a forum to discuss any issues.

There was also an art strategy group 'Design in the Dale' whose vision was to improve the patient and visitor experience, improve the site and break down barriers through art. This was noted as a positive group for all involved.

An overview of the inpatient services was provided. Shona explained that inpatients were given an opportunity to provide feedback to staff and that this was taken on board. Patients were involved in the accreditation process by completing questionnaires, with assistance provided. It was also the fourth year the Network had been involved in the Scottish Patient Safety Programme and patients were supported to complete the climate tool. Within the community mental health team service user engagement took place to gain feedback which would be reviewed to highlight themes and develop an action plan to address issues identified.

There was also carer and volunteer engagement and consultation and participation with service users. Events took place and volunteers were supported to contribute to these. Asset mapping in the community was being conducted with the local people to establish what services were available and where.

Trisha McAuley thanked Shona and Samantha for the presentation and also to Joan for her input. Trisha stated that it was clear that there was a range of processes in place for service users to input and provide feedback; and that there were good examples of engagement provided to the Committee to show them the work being conducted.

c) *Mental Health (Inpatient)*

Carol Donoghue, Lauren Doyle and Esther Milligan provided a presentation on mental health inpatient to discuss staff experience as they built upon effective engagement with patients and their carers/representatives and also the RCPsych Accreditation process. Staff were encouraged to provide the best possible support to service users and carers who were an essential element in the delivery of care.

The Adult Admission Unit & Rehab Unit were the first wards in Scotland to be successfully Accredited by RCPsych. The Accreditation is user centred and this took place in three phases; self-review; external assessment and the decision. Communication was a key part of the process and Nurses worked with those patients who wanted to be involved, in the lead up to the visit. The final report showed positive feedback and also opportunities for learning and action upon negative experiences.

Engagement and carer support was provided by evening and drop in sessions. Examples of engagement with carer support in ward 3A and rehab were provided and events to engage with carers.

Carol and Lauren thanked the patients and carers who contributed to the Accreditation.

Alex MacKenzie recognised the time and effort to achieving the Accreditation and asked if this was embedded throughout the hospital. Esther advised that this had begun in the wards, but that they were now looking to extend the standards to rehab.

Susanne Millar and Alex stated that as part of the 5 year mental health review officers would look at good practice across the system and that Leverndale

could be used for benchmarking. David Walker added that an internal benchmarking exercise highlighted the position of Leverdale to other campuses.

Cllr Long asked if open evenings took place with other carer groups. Susanne confirmed that they did within older people and children's residential services. Trisha McAuley proposed that the committee consider that a report be presented in future on carer engagement.

Susanne Millar

Trisha expressed thanks to Govan HOME Team and all the presenters and guests for their time and presentations to the Committee; thanking the presenters for their inputs acknowledging the wide range of work that was formalised and embedded within the system.

8. NEXT MEETING

The next meeting will be held at 10.00am on Wednesday 28th February 2018 in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 12.25pm