



Item No: 6

Meeting Date: Monday 28 November 2016

Glasgow City Integration Joint Board Public Engagement Committee

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| OVERVIEW OF LOCALITY ENGAGEMENT |
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| Purpose of Report: | To provide an initial overview of some of the engagement activity being carried out in the three localities across the Glasgow City Health and Social Care Partnership |
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| Recommendations: | The Integration Joint Board Public Engagement Committee is asked to: a) note this report; b) note that more detailed reports from each locality will follow at future meetings; and, c) advise of any specific aspects of locality engagement on which Committee wish to receive further information |
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Implications for IJB:

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| Financial: | None |
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| Personnel: | None |
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| Legal: | None |
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| Economic Impact: | None |
| Sustainability: | None |
| Sustainable Procurement and Article 19: | None |
| Equalities: | None |
| Implications for Glasgow City Council: | Officers from the Health and Social Care Partnership, and from Partnership and Development Services who carry out Community Development activity on behalf of Social Work Services, support locality engagement. This is articulated in the Service Level Agreement in place between Social Work Services and Partnership and Development Services. |
| Implications for NHS Greater Glasgow & Clyde: | Officers from the Health and Social Care Partnership, including Community Engagement and Development Officers support locality engagement. |
| Risk Implications: | None |

1. Purpose

- 1.1 To provide an initial overview of some of the engagement activity being carried out in the three localities across the Glasgow City Health and Social Care Partnership

2. Background

- 2.1 At the first meeting of the Integration Joint Board Public Engagement Committee on 13 September 2016, the Committee requested that an overview on engagement activity in localities be presented to the next meeting.
- 2.2 It is envisaged that more detailed reports from each locality will be presented to future meetings of the Public Engagement Committee on an ongoing basis, along with any reports requested by Committee on specific initiatives or pieces of work undertaken within localities.

3. Overview of Locality Engagement

- 3.1 A document outlining examples of current engagement activity within localities is appended to this report.

3.2 The summary document outlines a number of specific examples of activities within each locality, and what outcomes it has led to, along with an outline of the perceived strengths and current challenges within each locality with regards to engagement. North East Health Improvement have also provided a summary of their activity.

4. Recommendations

4.1 The Integration Joint Board Public Engagement Committee is asked to:

- a) note this report and summary document;
- b) note that more detailed reports from each locality will follow at future meetings;
and,
- c) advise of any specific aspects of locality engagement on which Committee wish to receive further information

Appendix 1 – Examples of Locality Engagement

| | Examples of engagement activity carried out within the locality, and what outcomes it has helped achieve | What are the key strengths within the locality with regards to engagement? | What are the key challenges within the locality with regards to engagement? |
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| North West | <p>1) Knightswood Connects What: Several engagement sessions with older people and one session with services working in the Knightswood community.</p> <p>Aims 1) promote existing community support to reduce loneliness and isolation and help support individual to live longer in their own home 2) improve access to services/supports in order to reduce admission to hospital</p> <p>Outcome: 1)improved communication, connection and knowledge of supports and services in the community – for services/teams, workers, vol orgs, community group and key members of the community, 2) local data base of services, groups, individuals started 3)mapping of assets and service – to be shared with data base contacts</p> <p>Involves: HSCP staff, Vol Orgs, Community Groups and individuals</p> <p>2) New Health and Care Centre /Children Homes Developments What: Engagement (focus groups, survey, one to one, workshops, public meetings etc) with specific groups/patients - Physical disability, Learning disability, children with additional needs, young people minority ethnic communities, LAAC etc at various points during the developments.</p> <p>Outcome 1) PPF/patient representation on Project Board, Arts and Environment Group, Delivery Group 2) Influenced the design and development of building i.e. access (disabilities) and meet the needs of patients/young people and or specific users groups etc</p> | <p>1)Partnership working - service providers (large and small), workers, community groups, individual and vol org – shared ownership and shared goals 2)Recognised geographical community 3) Existing network of seniors/older people groups- building on existing community capacity 4) Evidenced and recognised needs – shared action plan</p> <p>1) Known patient/ service user and exiting individual community and voluntary contacts via PPF network/NW contacts 2) Time limited/known timescale of engagement and involvement 3) Shared aim 4) Partnership working and support to engagement 5) Developed officer expertise and knowledge of engagement required in major capital projects</p> | <p>1) Sustainability – presently significant input from officers. 2) Difficulty in securing funding to progress all the aims in the Action Plan 3)Reduction in voluntary and community group funding – less support services in the community 4) Evidencing reduction on hospital admissions</p> <p>1) Size of project – new H & CC number of patients and wide range of teams/services 2) Transient service user group- new Children’s Homes 3) Priority ‘rating’ given to patient/service user interests</p> |

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| | <p>3) Contribute to the arts and environment strategy, involved in production of artwork, develop ongoing ideas/initiatives/activity (Back garden, health walks etc) 4) Help with the transition and move from old building to new for vulnerable groups/patients (LAAC, children’s specialist services, Recovery, mental health etc)</p> <p>Involves: HSCP staff, PPF, Capital Build, Art Curator, Voluntary Orgs, Service users/patients</p> <p>3) Work with Young People What: There has been a long tradition in NW of working and engaging with young people in relation to health developments and priorities targeting young people at risk or risk taking behaviour and hard to reach groups.</p> <p>Outcome 1) Youth Health Service – development and ongoing 2) NW Youth Network – a network of service providers, voluntary and community organisations. 3) NW Youth Committee and Youth Bank 4) Risk taking – co-ordinate training opportunities, develop training, respond to needs re risk taking behaviour, Young People Conference 5) Highlighting needs of specific groups and influencing service delivery i.e. PPF Young Carers work</p> <p>Involves: HSCP staff, Young People, Youth Project Voluntary Orgs, Police, Education, Glasgow Life</p> | <p>1) Officer expertise and knowledge of working with young people 2) Working in partnership with community and voluntary sector (Youth Projects, clubs and activity)</p> | |
| North East | <p>All ten HSCP briefings and newsletters sent to members along with regular reports and updates. Support provided to community representatives who serve on Integration Joint Board, Older Peoples Planning Groups and Clinical Governance Committees .Public meetings held with various community groups asking for comments on both City and local Strategic Plan.</p> <p>Major changes to the way the Podiatry services were being delivered meant they no longer provided personal foot care for people assessed as ‘low risk’ patients were assessed and those that required only nail clipping were discharged. Reasons for the</p> | <p>Informs local people about the range of health and social care services that are provided locally</p> <p>Engages with local service users, about how to improve HSCP services support wider public involvement in planning and decision making works with existing groups and helps develop new communication networks.</p> | <p>Maintaining regular contact with wide range of local groups constantly updating changes in structures and personal.</p> <p>Offering barrier free public access to take part in meetings –consultations, for example providing transport, arranging cover for carers.</p> |

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| | <p>change were not always fully explained to service users This issue was first of all taken up by the north east and then by the all 3 PPFs .They campaigned for a more uniformed consistent explanation to be given to those to whom the service was being withdrawn. They also successfully explored alternative service providers such as community groups who with training provided by HSCP staff now operate basic foot care services this helped alleviate the impact of the change to the service.</p> <p>G.P Medical Practice requested permission to close branch surgery in Shettleston Health Centre. The PPF invited the Boards Clinical Director to a meeting to explain the procedure they then invited a G.P. from the practice to the following meeting to explain their reasons for withdrawing the surgery service.</p> <p>The PPF then sought the views of the patients and then made a detailed submission based on the feedback from service users which was considered by the N.E. senior management team.</p> <p>Working with Hard to reach groups The PPF asked local youth group Urban Fox to carry out an audit of all North East service premises to ascertain the level of availability of Child Protection Information (posters and leaflets) across the North East Sector. They also wanted to record the reactions and attitudes of front line service staff when they received request from young people PPF members were pleased to note the positive response from staff towards the volunteers” The tone and manner from reception/practice staff was at all times very respectful. However they were disappointed that less than half of the premises visited displayed the appropriate level of Child Protection Information. They recommended that all premises within the north east should be sent updated Child Protection posters and leaflets by the Child Protection Unit.</p> <p>North East sector held a number of public consultations asking for people to comment on the local plan one of these was organised by Glasgow Disability Alliance specifically for disabled people who live in the North East 137 disabled people attended. Matching service user’s comments against the Scottish Government 9 national health and wellbeing outcomes highlighted the importance service users place on social interaction with their peers, advocacy support services, and training. The responses demonstrated the diverse issues that affect people with disabilities. This means that a person-lead engagement strategy is pivotal to meet their needs.</p> | <p>Using assets-based community development engagement approach taking time to build relationships with people to understand their needs then using the information gained to inform the decision making process</p> <p>Involving young people in the engagement process helps them gain a better understanding of the service.</p> | <p>Provide training for community reps to build confidence such as interviewing skills and conducting surveys</p> <p>Events can be expensive given the level of support required such as transport and provision cares.</p> |

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| North East Health Improvement | <p>Thriving Places engagement 4 week summer programme for families. HSCP staff worked with parents to identify need and respond. Outcome- new emotional support group for parents, community development course (HIIC) and ESOL provision, October week family programme and future Summer programming.</p> <p>Barrowfield Community Centre initial engagement through running a tea dance led to outcomes; IT support sessions, Mungo Foundation provision for adults with learning disabilities and bereavement support service.</p> <p>Youth engagement strategy staff members aligned to partner youth organisations. Staff work alongside youth workers to build rapport with them and young people to gain deep understanding of their health needs and the mechanisms by which their needs are best addressed.</p> <p>3 x pilot projects with youth organisations based within Thriving Place areas of North East (meets SOA) Pilot projects working with staff & YP to look at H&WB needs and co-produce work to support. Focus groups, development sessions, training needs assessment to inform action planning to take forward partnership working between HI, staff and YP ie staff training, policy development and peer education resource development. (in line with strategic direction – building structurally/socially resilient communities)</p> | <p>Thriving Places approach is assets-based co-production. Staff take time to build relationships with people to understand their needs (beyond the information gained from traditional consultation) and then respond quickly and with the services people want.</p> <p>Key strength is assets-based co-production approach where relationships built with young people allow need to be identified and responded to, with and for the young person.</p> <p>Good partnership working between HI and social work colleagues has led to improved communication, joined up working and sharing of resources.</p> <p>Pilot has improved relationship between HI team and local youth orgs, youth org staff and YP are more aware of the role of HI team and who to contact for support.</p> | <p>Only challenge to engagement is the time investment necessary to build relationships.</p> <p>Short term funding hampers longer term working required to support SOA. Takes time to build relationships. Funders need to understand community development in order to administer funding in a way that supports grass roots development and smaller community projects.</p> |
| South | <p>1) Advanced Dementia Carers Course What: series of consultations and focus groups with carers of people with advanced dementia. Carers invited to give feedback about existing support for those caring at home, follow up focus groups with carers of people with advanced dementia to help identify topics for inclusion in a proposed training programme. Co-production approach - carers and staff designed the sessions, the length and times of the course etc. Now in 2nd cohort</p> <p>Aim: support caring for people with advanced dementia at home by designing and delivering training in partnership with carers</p> | <p>Strong third and community sector infrastructure, e.g. two established vol sector networks in South Integration Networks and structures linked to Thriving Places PPF Network (database) of over 300 individuals, community groups and projects</p> <p>Thriving Places as a locus for neighbourhood based targeted engagement</p> | <p>Size of 'locality' – people struggle to identify with it</p> <p>How locality engagement 'fits' with citywide structures such as SPGs (From feedback at consultation events) Engagement with Primary Care</p> <p>Third and community sector budget cuts (From feedback at consultation events)</p> |

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| | <p>Involves: HSCP staff, Alzheimer’s Scotland, Dixon Carers</p> <p>2) Govan SHIP Project</p> <p>What: series of focus groups with local community, patients and users - 3 per year (now in year 2)</p> <p>Aim: provide patient/user/community perspective on progress of SHIP project. Use of patient stories to highlight successes and identify areas where improvement is still required. Supports annual evaluation of project</p> <p>Involves: HSCP staff, SHIP Project Lead GP</p> <p>3) Formal patient, service user, carer and public engagement</p> <p>What: Example: facilitation of public engagement in both HSCP strategic and locality plans and the HSCP Participation and Engagement Strategy Consultation. Publicity and awareness raising, communications with wider networks and third sector, presentations to various community networks and groups and facilitation of public meetings/events</p> <p>Aim: provide locality based opportunities for patients, users, carers, community organisations and wider public to comment on HSCP policy and strategy proposals</p> <p>Involves: HSCP locality staff inc CE Officer and senior management team</p> | <p>Locality management team are engaged/well informed on issue of feedback, public engagement and patient/service user participation</p> | <p>Rigidity of current engagement structures (From feedback at consultation events)</p> <p>Engagement with BME population</p> <p>Capacity of HSCP staff to undertake feedback/consultation/engagement work</p> <p>Capacity (general) - one Community Engagement Officer per locality</p> |