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Public Involvement on the Moving Forward Together Programme

Phase 1 Report: January to June 2019

The following report summarises the strategic public involvement activity undertaken for Phase 1 of the Moving Forward Together Programme and the key themes from the feedback that we heard from people[1] from January to June 2019.

1. Introduction

Moving Forward Together is the strategic vision for future delivery models of health and social care services across the whole of Greater Glasgow and Clyde. It has been approved by NHS Greater Glasgow and Clyde Health Board and noted by the six local authority area Integration Joint Boards that make up the Greater Glasgow and Clyde area as the blueprint for a transformational change Programme and sets the direction of travel for the next 3 to 5 years and beyond.

Legislation and Scottish Government Guidance states that as Public Body representatives NHS Boards and Integration Joint Boards have a duty to engage and involve patients, service users, the public and other stakeholders in designing, developing and delivering the health and social care services provided for them. To fulfil these responsibilities for public involvement, they should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance.

Beyond any obligations and core to the principles that underpin the Moving Forward Together Programme we recognise that ongoing, consistent and transparent communication and public involvement will be intrinsic to how we; increase public understanding of why redesign of health and social care services is necessary; whilst ensuring the views of those most affected are at the heart of transformation driving improvements in experience and outcomes.

2. Summary

We have heard from 720 people across 20 different meetings and the rationale for the need to transform health and social care services and the direction of travel set out in Moving Forward Together has been widely understood and accepted. The aspects of care that contribute to person centeredness are what matters most and go beyond acceptability in that any concepts or new ways of working need to focus on individuals and how we interact, communicate with and involve them and key people in decisions about their care. We also need to better support people to self-mange and change how people access and use services.

Early engagement with people has been welcomed and we need to continue to provide opportunities for this to communicate any progress and demonstrate that we are listening.

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[1] The word "people" should be interpreted to refer to health and social care service users, patients, members of the public, carers, volunteers, and the voluntary organisations which represent them

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We should be able to clearly illustrate how feedback has influenced our thinking so that when transformation occurs people can recognise and comprehend the changes taking place. In particular we need to ensure that we engage with those potentially most affected and work collaboratively with them and other key stakeholders to design a new system of care that is safe, effective and sustainable for the whole population that still focuses on individual needs.

3. Approach

The Programme's Strategic Involvement and Communication Plan sets out how we intend to engage with people and have conversations that enable them to influence our thinking and decision making. Our aim is to deliver a comprehensive programme of public involvement to engage with people about the Moving Forward Together Programme. The objective is that plans for new ways of working and service delivery models identified via the Programme will grow naturally from routine communication and dialogue with people.

However, the scope, scale and complexity of transformation to be delivered has necessitated a phased approach to public involvement, with each phase learning from and building on the previous to ensure maximum reach into and effective engagement with people for the duration of the Programme. Phase 1 was designed to:

1) Raise awareness and hear initial feedback about need to change and the proposed direction of travel
2) Understand what matters most to people to help inform future service delivery models
3) Develop relationships that encourage future participation via an iterative process and ongoing conversations

4. Activity

At the end of 2018 and prior to undertaking public involvement activity we held meetings with the Programme Stakeholder Reference Group to help us develop accessible content. This Group, composed of patients, service users, carers and their representatives, was established to sense check concepts and thinking, offer perspectives on the Programme and to help develop key themes and messages for informing and engaging with the wider public.

Using the Group approved content we engaged with 720 people across 20 separate meetings that included a diverse range of members of the public, community planning and Third Sector staff (see Appendix 1 for more detail).

4.1   Locality Level Engagement

One of the key outputs within Phase 1 was to work in partnership with each of the Health and Social Care Partnerships to jointly host meetings. We worked alongside each Partnership to develop additional content to illustrate where and how local service delivery or strategic plans aligned with the Vison set out in Moving Forward Together.

We hosted 8 meetings with 5 Health and Social Care Partnerships with some areas offering two to cover distinct geographic localities in:

- Renfrewshire
- West Dunbartonshire (2 localities)
- Inverclyde
- East Dunbartonshire (2 localities)
- East Renfrewshire (2 localities)

These were promoted via the NHSGGC's Involving People Network mailing list with over 38,000 contacts and via each organisation's social media channels. In addition descriptive commentaries and the content for each area was uploaded to the Moving Forward Together website and promoted via the Programme's Twitter Account and Partnerships Twitter accounts to increase reach and invite further feedback.

To date there has been no specific engagement alongside Glasgow City Health and Social Care Partnership to jointly engage with people about the Programme. When the Programme commenced phase 1 they were already undertaking pre-planned engagement to develop their Strategic Plan. It was agreed that introducing the Programme would have been inconsistent, created misunderstanding and that any additional meetings too soon afterwards might lead to engagement fatigue. However, they have worked alongside us to identify other meetings and opportunities to present to people and are continuing to do so.

4.2   Public involvement opportunities

In addition to the locality meetings a request was made to the Programme Stakeholder Reference Group and the Health and Social Care Partnerships to utilise their networks and identify other opportunities to present to people. To date 11 such meetings have taken place covering a range of demographics and settings (detail in Appendix 1) and we will continue to identify and meet any relevant groups, forums or organisations.

Also on request officials from the Programme attended a public meeting in held Helensburgh hosted by the local Member of Scottish Parliament (participant numbers not included in this report). There had been a request to attend two such meetings, but timescales and the availability of Programme staff did not allow for this.

4.3   Third Sector Engagement

We hosted an event to directly engage, in this instance, with the larger, condition specific Third Sector service organisations that cover the whole of Greater Glasgow and Clyde area. This was to recognise the important role the Sector has in directly supporting people and the reach into and trusted links it has with people and communities.

The purpose of the event was to strengthen old and establish new relationships to; facilitate joint working to meet the challenges; and to ensure that the voice of those potentially most affected by transformation is heard and used to inform redesign. Sixty-one people participated from across 34 Organisations, plus 11 colleagues attended from social care, Scottish Ambulance and Scottish Fire and Rescue services. There were initial presentations with table top discussions based on the following two questions:

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1) How can health and social care services optimise how we work alongside the Third Sector to meet the challenges we face?
2) How can we ensure that we are able to reach, engage with and involve people to deliver services that meet their needs?

Following this there was an open space approach with displays on the Programme's whole system approach, the 6 workstreams and eHealth that we asked participants to browse and provide feedback on. To facilitate and engage in discussion at the tables and at the displays we had a range of senior management and clinical staff from the Programme Board and Executive Management Group available.

A full commentary of the event, with copies of presentations and displays has been made available online. This includes an evaluation carried out by the Scottish Health Council that in summary describes that the people attending; clearly understood the rationale for change; and feel they were given an opportunity to give views and that these were listened to. However, it highlighted a need to better explain how feedback will be used and describe the next steps in our engagement with the Sector.

In addition to this specific engagement there are plans to work with 6 Health and Social Care Partnerships to engage with locality level organisations via each of their voluntary sector interfaces/councils.

5. Feedback

Throughout all engagement activity every effort is made to capture feedback and comments from participants. These are recorded in a log and analysed to determine the key themes, frequently asked questions and any issues or concerns that people have about potential changes to health and social care services. The following is a summary of what people told us during Phase 1.

5.1   Public Involvement Feedback

When engaging with people we asked them for feedback about all aspects of the Programme. However, as described earlier a specific focus was to ask people:

- Do they recognise the challenges health and social care are facing and the need to change how we deliver services
- What matters most to people to help us develop new service models that best fit their needs.

5.1.1 Feedback about the Programme

a) The Challenges
The vast majority of people recognise the challenges that health and social care services across Greater Glasgow and Clyde are facing in terms of rising demand, scarcity of resource and financial pressures. Although people did recognise that a combination of these factors and our current models of care were the primary drivers there was some concerns that the Programme was a 'cost saving exercise' or would be used as a vehicle to reduce available services in some local hospitals.

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"Staffing and budgets needs to be highlighted to the public to show the reality of what we are facing"

"Is this about money - where is the money going to come from to deliver this?"

"What is happening to the [local] hospital - people are confident when they have a hospital, what is local, the construct of a hospital"

b) Direction of travel and new models of care

One of the Programme's key aims is to focus on primary and community care with more services provided in or closer to people's homes. This was welcomed, but we heard that we need to ensure people feel connected to their communities to prevent loneliness and isolation. It was also widely accepted that via a tiered model of care there might be a need for people to travel to access some specialist services. However, there needs to be consideration that transport and travel can be an issue within Greater Glasgow and Clyde; particularly for the elderly and those without access to a car.

"Need to challenge the belief that when you are ill you need to go to hospital - need to move services away from big hospitals to local communities"

"Okay having fewer sites with specialist services, but can people get there - transport can be an issue"

"If need to travel to get the best attention possible then I'm okay with that"

c) The use of technology and digital solutions

People recognised that to deliver new more efficient ways of working will require an increased use of technology and many people welcomed this; in particular being able to 'attend anywhere' via video and having access to their own information. There was however caution that we need to be mindful about not creating inequality in those who don't have access to the internet or want to use technology. Interestingly, it was observed that technology was often cited (by non-older people) as being a barrier to older people; however the seniors who have engaged have largely disagreed with this.

"Digital disruption and technology will play a big role in this - need to plan for tomorrows service users"

"How will technology help those with no access to the internet or a phone?"

"Don't make assumptions about what different groups need or want i.e. common myth that older people don't want or can't cope with services by tech – not true"

d) Education and support

A topic that came up repeatedly was educating and support to change how people access and use services and the need to improve knowledge of and trust in alternatives – 'people don't know what they don't know' and the default is the GP or A&E. Also that schools and further education could be targeted to start the process of changing culture and behaviour in the next generation whilst recognising that they can influence others.

> *"If we want to deter folk from attending A & E we need to make the alternatives as easy to access"*

> *"I think people need to understand the new roles first and that it's not second best - we need to have trust that we are seeing the most appropriate person"*

> *"Need to get into schools to educate younger generation and they will interact with others to spread messages"*

Another prominent topic of discussion was about empowering people to improve and have more control over individual health and well-being and supporting greater self-management. Not only this, but that people should have more of a responsibility for their own health and recognise that they will need to change their behaviours and expectations to help contribute towards the long-term sustainability of health and social care services.

> *"There is much more to do in terms of linking up the health services but people also need to work for themselves and look after their own health"*

> *"There needs to be more focus on self-care people need to take more responsibility"*

e) Carers communities and the Third Sector and planning partners

People appreciated that to develop the vision there had been input from clinical and frontline health and social care staff from across the whole system and that concepts had been reviewed by the Stakeholder Reference Group. However, people said that other people and assets will be critical to success and carers, communities, the Third Sector and community planning partners need to be recognised and more visible within the Programme.

> *"We need to talk about carers and need to support carers to keep being carers and there is potential for doing a great deal in our communities"*

> *"How do you tackle the issues that health and social care can't? We work with people in the community to tackle things like deprivation"*

f) Timescales and recognising change when it happens

People wanted to know when will they begin to see changes starting to happen and how will they be able to recognise when new ways of working are implemented. However, when

we are planning any significant redesign and change we need to ensure that we involve the right people in the process and keep the wider public informed.

"People don't like change – need to keep this in mind – gradual change"

"Great programme - long overdue. Enjoyed the presentation and it has planted the seed. Is there any pilot work going on towards it and when will people see change"

5.1.2 What matters most

a) Person centred care
When we asked people what they wanted from future models of health and social care the greatest response was on providing 'person centred care' and covers a range of topics that contribute to this including:

- Being treated as an individual with dignity and respect
- Being provided with all the information and being involved in and making informed decisions about treatment and care
- Patients and carers being treated as an equal partner in care with valuable knowledge and experience
- Having trusting relationships with key people and continuity of care

"What matters - being treated with dignity and respect and as an individual or someone with valuable knowledge of the person being cared for?"

"Communication with patients and carers is key. Information is kept secret - patients should hold their own information - they can then make certain the right decisions are being made"

"People don't always fit into neat criteria…. every time it's here we go again - for things to work you need to build a relationship with people and have teamwork"

b) Joined-up and coordinated care
People told us that care needs to be more seamless and better managed, but not just across different settings and there is a need for it to be better coordinated across different conditions. This was linked to person centeredness, but is distinct in that it is often related to; the consistency of approach within and across services; how information is not shared effectively; and the systems that are currently in place e.g. appointments are not coordinated for different conditions.

"You have departments not talking to each other within the same hospital - communication needs to work much better"

"You need to tell the same story over and over - the right information should be available to the right people"

"I had two trips to get blood etc. for two different things - but could this have been done once?"

c) Access

People stated that access was important to them and this covers both how quickly and how easy it is for people to get the help, advice, treatment or care they need. Similar to the feedback hear about the vision, people said that physical access was important and transport can be an issue and therefore wanted as much as possible delivered locally. There was feedback that more should be done to communicate current waiting times with alternatives offered including self-referral or signposting to a range of holistic services. Also, following treatment services could accessed more easily for advice if you need them without a new referral.

"People want to get a service – at the right time, in the right place. What happens when there is a waiting list, what services or supports are people signposted to - Community Connectors, Community Links, Peer Support, Fellowships etc.?"

"Following treatment and care for something complex there is a real fear that you are going to lose access to the experts and the fact you are 'discharged from care' makes it seem one-way. Something more flexible might give people more confidence to self-manage knowing they can access expertise if required"

d) Communication and involvement

Those who have participated have appreciated the efforts made to engage with them about the Programme, but many have said that more people need to be made aware of it and involved. Those that have also said that they wanted to be kept up-to-date with progress and informed and engaged about any potential changes; particularly if this affects local hospital services.

"You need to make sure that there is engagement with people and that they are part of the process"

"*Good opportunity to hear/catch up with others and get great deal of information from them"*

"*There is a commitment to listen. Had the chief of medicine at our table"*

5.2   Third Sector Feedback

When discussing the Programme and the direction of travel the feedback from Third Sector representatives has mirrored that Of the wider public both at the event and during wider public sessions. At the event we were also able to discuss the emerging priorities and emerging projects and the following is a summary of feedback we heard from participants

about the Sector during the table top discussions and in conversations at the displays (detailed above).

a) Recognition and Parity
Statutory services need to more clearly acknowledge the significant role that the Sector has in providing not just additional, complementary support but direct care that can contribute to reduced demand for health and social care services. This includes appreciation and better understanding of the knowledge, skills and experience it has *'working with people where they are at'* and enabling them to live more independent healthier lives, something the Programme needs to consider in future planning.

The Sector is sometimes seen as a *'lesser'* or *'cheaper'* alternative; however the expertise, albeit deployed differently, is often on par to that of statutory services. There is also a perceived *'imbalance of power'* and unequal partnerships with it felt that key decisions are often made without early involvement. To facilitate closer, more effective joint working we need to consider the skills and resources that each other has and jointly assess how these can be better aligned and utilised to meet people's needs across the whole system.

b) Resourcing
Commissioning and funding within the Sector can mean having to *'chase the money'* which is often allocated in the short-term. This not only pits services against each other but prevents long-term planning, consistency and sustainability of services. Increasing demand and financial challenge is also affecting the Sector and they need to work with us, but also collaborate with each other e.g. look at best use of limited resources to prevent competition by mapping out and recognising expertise and working together to maximise efficiency across the system.

It is not about *'paying lip service'* to the Sector and recognition needs to be backed up with adequate support and resourcing – this always doesn't need to be financial, but looking at how to share assets or provide support through access to technology and admin can help ensure the viability of some smaller organisations. This was tied to parity and if the Sector provides a valued service then this needs to be considered as part of the shifting the balance of care and any resource attached to it.

c) Relationships and Communication
Relationships can often be at a very senior strategic level and often only with the bigger organisations, or alternatively there is sporadic individual level relationships with some frontline staff and services. This can lead to inconsistency and often wider health and social care staff know very little about what the Sector provides locally and vice versa. Better communication could help bridge the gap and improve knowledge of and use of services and although this requires resource there is already expertise within the Sector to help facilitate this.

There is better knowledge and use of Third Sector services on hospital sites that have Patient Information Centres, but that this is often self-directed or something *'you give people information about on discharge'*. Organisations could be involved much earlier in pathways and health and social care staff play a key role in 'opening doors' for patients and service users and can improve confidence by directly referring. However, there are often barriers to this around internal protocol and ultimately assurance – something that can be overcome by establishing better communication and developing relationships.

d) Reach Into Communities

Social media is often well utilised by the Sector and they recognise that people increasingly communicate with them and each other digitally. This could be used to engage with communities about the Programme; however the approach and methods should depend on the audience e.g. be mindful of those with any sensory impairment. We therefore need to make our content as accessible as possible e.g. have British Sign Language overlaid on videos.

There was general agreement that we could work alongside the Sector to enhance how we communicate with communities about the Programme and that they could utilise their channels of communication and trusted networks to extend our reach. This included use of social media including 'closed groups' and peer networks to not only raise awareness but to empower and educate people to self-manage or use services differently.

There was positive discussion that if we link more closely going forwards and work in partnership we can communicate with people and communities via the Sector to reach those potentially most affected by any redesign. Also that they can help identify opportunities to directly engage in person to present information and hear feedback. This will ensure the Programme and any emerging project can hear what matters most to them to influence our plans to transform health and social care services around their needs.

6. Future Activity and next steps

The feedback heard is and will continue to be cascaded across the Programme to influence our thinking and how we set priorities to transform health and social are services. We will continue to seek opportunities to raise awareness and promote wider participation and as specific projects emerge every effort will be made to communicate with and involve those potentially most affected by any redesign.

At a strategic level the feedback from Phase 1 will be analysed to develop new content alongside the Programme Stakeholder Reference Group. Following this the Strategic Involvement and Communication Plan will be updated to describe the Phase 2 activity designed to:

- Answer the frequently asked questions that people have asked about how we will transform health and social care services
- Illustrate transformation in practice and describe what this will mean for people who access and use services
- Continue to hear what matters most so that redesign and future delivery models meet people's needs

Overall our aim will be to continue to provide opportunities for public involvement and ongoing conversations with people about the Programme and transformation of health and social care services across the whole of Greater Glasgow and Clyde.

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Appendix 1: Public Involvement Activity

Moving Forward Together Public Involvement Activity			
Phase preparation activity			
Item / Activity		**Actions and Outputs Required**	**Date**
	Commence Awareness Raising	**Coordinated release of materials to widely communicate with people and stakeholders to raise awareness of the Programme**	16-Oct
		Public: Targeted Social Media messages / Press and Media release / NHSGGC and IJBs communication channels	
		Webpage: Update dedicated web portal	
	PSRG Preparation	Establish a Programme Stakeholder Reference Group (PSRG) with membership from across patients, carers and organisations that represent them	30-Oct
		Develop background and context materials drawn from current Programme resources e.g. Updated Leaflet, summary version of the Blueprint Document	
	Web Portal	Update dedicated Web Portal with pages to describe, public involvement activity	30-Oct
	PSRG Meeting 1	**Moving Forward Together Programme Update**	30-Oct
		Present work to date and proposed Programme Structure to deliver transformation	
		Discuss the role of the PSRG and workstream patient and carer reference groups	
		Update Terms of Reference for the group	
	Web Portal	Produce a commentary providing descriptive account of PSRG-2 and update section with Presentation and Papers	31-Oct
	PSRG Meeting 2	**Key Themes and Messages for Initial Public Engagement**	05-Dec
		Review the key themes and messages discussed by the group when developing the blueprint	
		Identify the key themes and messages for initial wider public engagement	
		Identify the methods to effectively inform and engage with wider public	
	Web Portal	Produce a commentary providing descriptive account of PSRG-2 and update section with Presentation and Papers	06-Dec
Phase 1 Public Involvement Activity from January to July 2019			
	Engagement Resources	**Develop materials required to engage with the public**	07-Jan
		Develop core PowerPoint Presentations for use across multiple audiences	
		Develop materials e.g. Updated leaflet, summary version of Blueprint document, posters	
	Community Group	**North East Glasgow Hub Development Session**	09-Jan
		Presented to and heard feedback from **45 people** - members of the public, Third Sector Community Planning, LA and HSC staff	
		Capture all comments in feedback log	
	Locality Event	**Renfrewshire HSCP**	18-Jan

		Presented to and heard feedback from **98 people** - members of the public, Third Sector Community Planning, LA and HSC staff	
	Web Portal	Produce descriptive account of event online	Feb
	Community Group	**Wheatley Group**	28-Jan
		Presented to and heard feedback from **10 people** - members of the public	
	Community Group	**Levern Community Council**	31-Jan
		Presented to and heard feedback from **11 people** - members of the public	
	Community Group	**Glasgow South Locality Forum**	26-Feb
		Presented and heard feedback from **41 people** - members of the public Third Sector and HSC staff	
	Community Group	**Kirkintilloch Seniors Forum**	28-Feb
		Presented to and heard feedback from **30 people** - members of the public	
	Locality Event	**West Dunbartonshire HSCP (Alexandria)**	13-Mar
		Presented to and heard feedback from **26 people** - members of the public, HSC Staff, politicians	
	Web Portal	Produce descriptive account of event online	Mar
	Community Group	**Knightswood Active Seniors Development Session**	13-Mar
		Presented to and heard feedback from **26 people** - members of the public	
	Locality Event	**West Dunbartonshire HSCP (Clydebank)**	19-Mar
		Presented to and heard feedback from **26 people** - members of the public and Third Sector	
	Web Portal	Produce descriptive account of event online	Mar
	Locality Event	**NW Local Engagement Forum**	21-Mar
		Presented to and heard feedback from **15 people** - members of the public	
	Locality Event	**Inverclyde HSCP**	25-Mar
		Presented to and heard feedback from **72 people** - members of the public, Third Sector and community planning partners	
	Web Portal	Produce descriptive account of event online	Mar
	Locality Event	**East Dunbartonshire HSCP (East Locality)**	05-Apr
		Presented to and heard feedback from **26 people** - members of the public	
	Web Portal	Produce descriptive account of event online	TBC
	Locality Event	**East Dunbartonshire HSCP (West Locality)**	05-Apr
		Presented to and heard feedback from **17 people** - members of the public	
	Web Portal	Produce descriptive account of event online	Apr
	Wider Stakeholders	**Cardonald College Health Care Support Workers Course**	17-Apr
		Presented to and heard feedback from **50 people** – 3 tutors and 47 students	
	Community Group	**Glasgow RTO Networking Event**	29-Apr
		Presented to and heard feedback from **24 people** - members of the public	

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	Locality Event	**East Renfrewshire HSCP**	30-Apr
		Presented to and heard feedback from **24 people** - members of the public	
	Web Portal	Produce descriptive account of event online	May
	Locality Event	**East Renfrewshire HSCP**	05-May
		Presented to and heard feedback from **26 people** - members of the public	
	Web Portal	Produce descriptive account of event online	May
	Community Group	**Health Care Support Worker Event**	12-May
		Presented to **71** Primary Care Health Care Support Workers at event organised by Glasgow Clyde College	
	Third Sector Event	**Third Sector Engagement Event**	19-Jun
		Hosted an event with 61 representatives attending from 34 Third Sector Organisations alongside 11 external colleagues from health and social care and Scottish Ambulance Service	
	Web Portal	Produce descriptive account of event online	July
	Community Group	**Helensburgh Parkinson's Support Group**	26-Jun
		Presented and heard feedback from **21 people** living with, caring for or supporting people living with Parkinson's disease	