

East Dunbartonshire Health and Social Care Partnership (HSCP)

Participation and Engagement Strategy (2020-23)

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1. FOREWORD

We are pleased to present the East Dunbartonshire Health and Social Care Partnership (HSCP) Participation and Engagement Strategy (2020 - 2023). This Strategy is supported by the East Dunbartonshire HSCP Communications Strategy (2020 - 23).



East Dunbartonshire HSCP has a long standing and well established approach to communication with our communities, the public, carers, patients, service users, staff, partners and stakeholders.

East Dunbartonshire HSCP is continually looking for ways to make our services the best they can be for all of our communities, public, carers, patients, service users, staff, partners and stakeholders; and your feedback on how we are doing will help us to achieve this. By listening carefully to you, the HSCP can better understand what our communities want and need and how we can best support them. By working together, we can bring about real and lasting improvements.

We know from experience that the people who use our services have the lived experiences and are the true experts on how those services should be planned, developed and delivered and your views and experiences will help us to improve services for everyone who uses them.

Throughout the life of this Participation and Engagement Strategy (2020-2023) our stakeholders will have the opportunity to provide feedback on all aspects of our services via the Public, Service User and Carer group, local stakeholder groups, consultations, events and local and national surveys. We will use this feedback to make continuous improvements to the way we deliver local health and social care services.

Susan Murray (Chair)
East Dunbartonshire Health and Social Care Partnership (HSCP)
Integrated Joint Board (IJB)

2. INTRODUCTION

This document sets out the East Dunbartonshire Health and Social Care Partnership (HSCP) Participation and Engagement Strategy (2020-2023). Effective participation and engagement is vital to the success of the HSCP, ensuring that all stakeholders are aware of, understand, participate and are engaged in all relevant aspects of our work.

Scottish Government guidance on strategic planning states services should be 'planned and led locally in a way which is engaged with the community' (including those who look after service users and those who are involved in the provision of health and social care)¹. Locally, this means that patients, service users, carers and their families, the Third and Independent sectors and HSCP staff will be embedded in the process as key stakeholders in the shaping and the redesign of health and social care services.

The HSCP conducts its business in an open and transparent way and will encourage all staff working with the HSCP to do likewise. Effectively this means putting the needs and aspirations of patients, service users, carers, and their families at the heart of their work. The HSCP will also encourage Third and Independent sector organisations who are commissioned by the HSCP to operate in a similar way.

This Participation and Engagement Strategy sets out how the HSCP will:

- describe how this document will support our commitment to meet the seven community engagement standards (Appendix 1)
- align our approach to national strategies, including the Community Empowerment Act (2015) (Appendix 2), which supports enhanced public involvement in the delivery and distribution of health and social care services
- provide the link between this document and our Communications Strategy (2020-2023), Strategic Plan (2018-21) and the eight HSCP strategic priorities
- deliver a clear and effective approach to participation and engagement
- meet our vision and values
- identify the ways in which we will involve communities and stakeholders, and;

¹ [Public Bodies \(Scotland\) Act 2014](#)

- establish the procedure to further enhance participation and engagement activities, through our planning, designing and reviewing of health and social care services

The consultation process, began in May 2019 and ran until February 2020, this has been achieved (thus far), through a range of engagement events; (Moving Forward Together events), stakeholder groups (PSUC group/Carers forum) and both the Strategic Planning Group (SPG) and the two Locality Planning Groups and their respective networks. The next stage will be to further engage with the public, carers, service users and with Third sector and Independent sector colleagues to widely share the document.

The HSCP will ensure that community participation and engagement is a cornerstone of the Partnership.

3. KEY POLICY DRIVERS

The Public Bodies (Joint Working) (Scotland) Act 2014², is the legislative underpinning to 'Integration' and sets out key planning and delivery principles of which communication and engagement are key components. Locally, East Dunbartonshire Health and Social Care Partnership Integration Joint Board (IJB) will ensure that health and social care provision across East Dunbartonshire is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

Other legislation passed by the Scottish Parliament including the Self Directed Support Act, 2013 and the Children and Young People Act, 2014, which empowers and supports individuals, families and carers to have greater choice and control over how they receive social care services.

The Community Empowerment (Scotland) Act, 2015³ empowers local communities and individuals in a number of different ways, but particularly by strengthening their voices in the decision making process. New participation requests will allow local communities with an identified need to request that action is taken or to request

² [Public Bodies \(Scotland\) Act 2014](#)

³ [Community Empowerment \(Scotland\) Act 2015](#)

involvement in improving a service. In addition, through the Community Planning Partnership (CPP), partners are required to engage with local communities, identified as living with deprivation to produce an action plan to address inequalities in the area.

In 2006, Patient Focus Public Involvement was launched nationally. Patient focus, public involvement, often referred to as PFPI, emphasises two different ways in which people can participate in healthcare. Patient Focus means the provision of treatments and services which put the needs of the person at the centre to improve their experiences and outcomes of care and treatment. Public Involvement means involving people in decisions about how their health service is designed and provided. (See Appendix 2)

4. VISION AND VALUES

Effective participation and engagement will be fundamental to the attainment of the vision of the HSCP, which is:

‘Caring together to make a positive difference’.

The HSCP has agreed vision (above) and values (see page 7); these were developed in association with staff, patients, carers, service users and stakeholders. The values which are listed below in which everyone in a governance role, employed by, or contracted by, the HSCP is expected to adhere to are:

Table 1 - East Dunbartonshire HSCP- Values

East Dunbartonshire Health and Social Care Partnership (HSCP) Organisational Values	
Respect	<p>Show kindness and courtesy and consider other people's feelings:</p> <ul style="list-style-type: none"> • we will treat each other, our partners and people who access our services, fairly, as individuals and as equals with humanity and respect • we will be polite and courteous when dealing with each other • we will respect each other's diversity and differences • we will respect and maintain colleague's and the people who use our services need for privacy and confidentiality
Integrity	<p>Live our values with our colleagues, partners and people who access our services:</p> <ul style="list-style-type: none"> • we will take ownership of our actions and apologise when needed in a sincere way • we will be willing to learn from mistakes and make changes for improvement • we will take responsibility for and be accountable for our decisions and actions • we will support each other and demonstrate care and compassion in all our actions and communications • we will be open to feedback on our performance and acknowledge what is working well and what areas require further development
Professionalism	<p>Behaving in a way that benefits the people who access our services:</p> <ul style="list-style-type: none"> • we will never forget that everything we do is for our patients/service users • behave in a way consistent to the values of the HSCP in and out of our work • through integration learn about other professions and how this can support us in our service delivery • share best professional practice across the HSCP • make time as teams and individuals to reflect on what we have done and what needs to change when moving forward with integration
Empathy and Compassion	<p>Understanding and caring for the wellbeing of others:</p> <ul style="list-style-type: none"> • we will listen and hear what you have to say • we will acknowledge when we can't deal with a situation and sign post you in the right direction • we will take time to find out your personal preferences and needs • we will be sensitive and kind • we will never be too busy to care
Honesty	<p>Be kind, honest, sincere, genuine, truthful and consistent:</p> <ul style="list-style-type: none"> • in all our dealings with our colleagues and people who use our services we will promote an open and transparent environment

5. GOOD PRACTICE

The HSCP will adopt the National Standard for Community Engagement as part of its Participation and Engagement Strategy (2020-23). These were first launched in May, 2005 and further updated in 2015/16 and have been widely adopted. The 7 standards detailed (see Appendix 1) set out best practice principles for the way in which public bodies engage with communities.

6. MEASUREMENT AND EVALUATION

The implementation and efficacy of the Participation and Engagement Strategy (2020-23) and the Communications Strategy (2020-23), will be reported on each year in the HSCP Business Development Plan. The annual evaluation of the East Dunbartonshire HSCP Public, Service User and Carer (PSUC) representative group and their associated networks and will include examples of participation and engagement that has taken place throughout the preceding year (public events, consultations etc).

The strategy will be reviewed after it has been in operation for 12 months and if it requires amendment an updated document will be prepared and submitted to the Integration Joint Board for approval. Following this initial 12 month period, the strategy will be routinely reviewed every three years, in line with the full rewriting of the Communications Strategy (2020-23).

7. NATIONAL OUTCOMES

The work of the HSCP, as directed by the IJB, will primarily be to plan, deliver, commission and co-produce health and social care services locally in a way that demonstrates effective progress against the National Outcomes for Adults and Older Peoples, Children and Families and Criminal Justice. Participation and engagement activity undertaken by the HSCP will be in pursuit of work connected with the achievement of these National Outcomes. (See [here](#) and Appendix 3)

8. PRINCIPLES AND POLICY PRIORITIES

The following principles will form the basis of our Participation and Engagement Strategy (2020-23), and are informed by findings of the review of existing engagement networks, comments from key stakeholders and the legislative context:

1. we will take an inclusive approach to participation and engagement, and promote opportunities for individuals and groups from all walks of life to engage with the East Dunbartonshire HSCP
2. we are responsible for the delivery of health and social care services in East Dunbartonshire to people of all ages and from all backgrounds, and we want to give all of our service users and patients the opportunity to influence those services through participation with the PSUC group and with various service reviews
3. we will further develop our participation and engagement activity with young people, recognising our existing engagement networks with young people are evolving, but less developed than with other groups and further promote digital and social media platforms to support communication with this group of stakeholders
4. we will be approachable, with information made available through a variety of accessible means on how to engage with East Dunbartonshire HSCP
5. we will be transparent in all of our engagement activity. We will share information, and will answer questions fully and frankly. The HSCP will regularly review and consider feedback from our participation and engagement networks
6. we are committed to two-way communication (see Communications Strategy 2020-23), and we will listen to what individuals, groups and networks have to say through communications with the PSUC group members and also through their contact email address (ED.PSUC@ggc.scot.nhs.uk). We will value and respect people's opinions. We understand that a small number of people cannot fully reflect the views of an entire community, but are entitled to make representations on behalf of their wider community
7. our communication and engagement across the East Dunbartonshire Public, Service User and Carers representatives group, the East Dunbartonshire Strategic Planning Group and both of the East Dunbartonshire Locality Planning Groups will be co-ordinated. We recognise the significant links, dependencies and overlaps between every group and how they relate to each other

8. we will have a strong local focus to our participation and engagement activity, recognising that the needs of localities are best represented by the people who live and work in those areas, and;
9. we will be flexible to the needs of our localities, recognising that one approach does not fit all.

The policy priorities of the HSCP as outlined in our Strategic Plan (2018 - 2021) are to:

Table 2 - East Dunbartonshire HSCP - Strategic Plan Priorities

Number	HSCP Strategic Plan (2018-21) Priorities
1	promote positive health and wellbeing, preventing ill health, and building strong communities
2	enhance the quality of life and supporting independence for people, particularly those with long-term conditions
3	keep people out of hospital when care can be delivered closer to home
4	address inequalities and support people to have more choice and control
5	people have a positive experience of health and social care services
6	promote independent living through the provision of suitable housing accommodation and support
7	improve support for carers enabling them to continue in their caring role
8	Optimise efficiency, effectiveness and flexibility

9. A CONSISTENT APPROACH

By offering a common understanding and consistent approach to the participation and engagement process, the participation and engagement framework enables the HSCP to be better able to undertake participation and engagement as part of an integrated service delivery. The Framework (Page 12) provides a clear definition of participation and engagement and sets specific standards to assist in planning, and conducting effective community participation processes. It assists to develop and maintain an

organisational culture that respects and values participation and engagement with our service users and communities.

The HSCP acknowledges the importance of building relationships with the community and embraces ongoing dialogue to improve decision making processes through timely, transparent, honest, inclusive, accessible and responsive community participation and engagement. By receiving diverse perspectives and potential solutions enables the HSCP to make more informed decisions. It does not replace the decision making functions of the HSCP but informs it. Furthermore it is not always practical or appropriate to engage the community in all HSCP decisions.


It is crucial that the community members of East Dunbartonshire are sufficiently informed of major issues, plans, projects and all matters that are likely to affect them and have opportunities to participate meaningfully in community engagement to enhance the HSCPs decision making process. This will thereby reduce potential misinformation and miscommunication.

10. PARTICIPATION AND ENGAGEMENT FRAMEWORK

The framework (Table 3) does not prescribe exactly how the communities of East Dunbartonshire should be engaged with for every project or issue. Rather, HSCP staff should determine the most appropriate participation and engagement approach, deciding on the level of participation and engagement based on the nature of the issue, project, plan or decision to be made. Moving to the right of the framework responds to an increase in expectation for public and community participation and impact. The framework has five levels describing the goal and promise for each.

In many cases, more than one level of participation will be required to achieve the HSCPs engagement objectives (e.g. inform and consult). Movement between engagement activities may occur as the engagement proposal is implemented and/or before the HSCP makes a final decision. Please refer to the service user engagement framework (page 14) for the table of service user engagement tools and techniques.

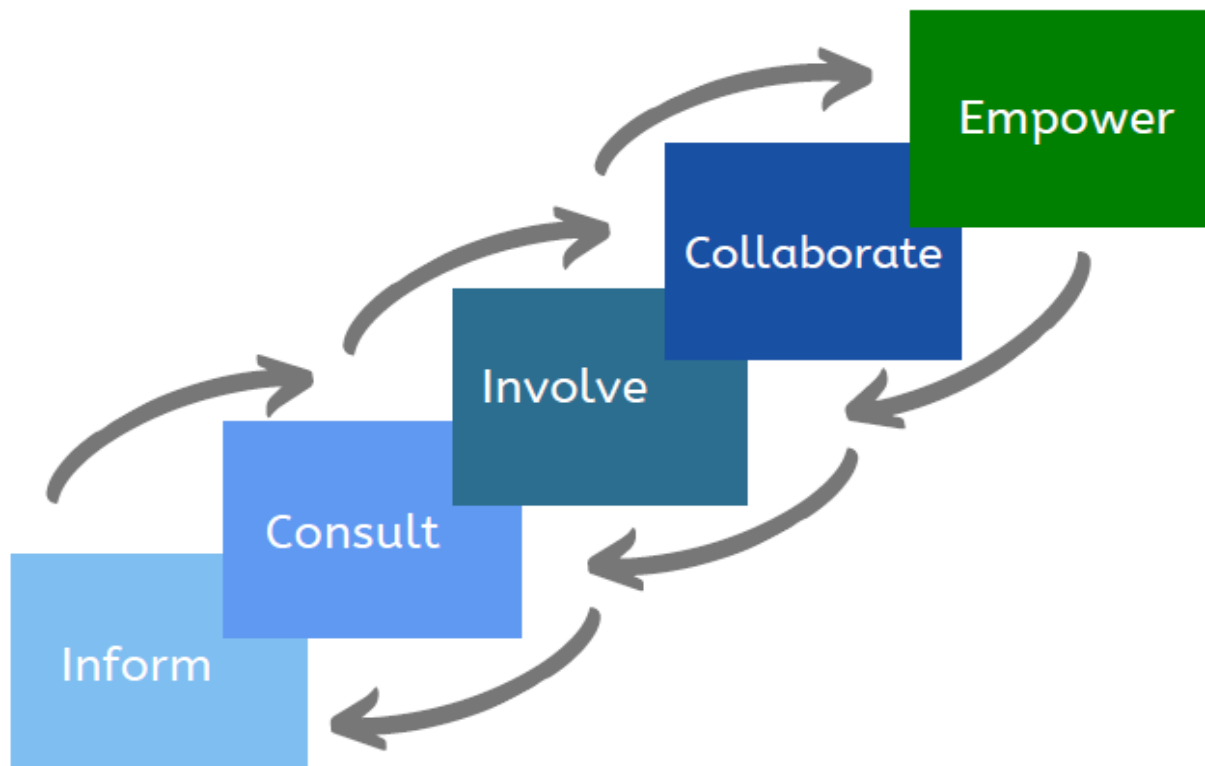
Table 3 - Participation and Engagement Framework

INCREASING IMPACT ON THE DECISION MAKING PROCESS 					
	Inform	Consult	Involve	Collaborate	Empower
PUBLIC PARTICIPATION GOAL	To provide local service users with relevant health and social care information to assist them in understanding the challenges, alternatives, opportunities and/or the solutions	To obtain local service users feedback on analysis, alternatives and/or health and social care decisions	To work directly with local service users throughout any processes to ensure that residents health and social care concerns and aspirations are consistently understood and considered	To partner with local service users in each aspect of health and social care service re-design and/or service change including the development of alternatives and the identification of the preferred solution	To place the final decision making in the hands of service users and communities
PROMISE TO LOCAL COMMUNITIES	We will keep you informed of any development within local health and social care services	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how your input influenced the decision and we will seek your feedback on proposals	We will work with communities to ensure that their concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how their feedback influenced the decision	We will work with communities to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible	We will implement what you decide

11. PARTICIPATION AND ENGAGEMENT LADDER

In pursuit of our Vision, Values, Principles and Policy Priorities, the HSCP will actively seek the involvement of the community and all of its stakeholders in its decision making. It will do this in line with the community engagement standards outlined in Appendix 1 and by the deployment of the following participation and engagement ladder which is used in conjunction with the participation and engagement frameworks.

Figure 1 - Participation Ladder



12. ENGAGEMENT APPROACHES, TOOLS AND TECHNIQUES

We engage with our communities, service users and carers for a variety of reasons. Sometimes we may want to provide people with information or consult on something and get feedback, whilst at other times we may want people to participate more actively, so they can directly influence and get involved in our work.

Table 4 - Service User Engagement Framework

Community Engagement and Participation Framework			
	Meaning	Impact	Examples
Inform	To provide good quality information to assist local people in understanding key issues	Local people are well informed about our work, services, visions and goals	Newsletters Leaflets, Posters Social media Website
Consult	To inform local people about what we would like to do to improve services and receive their feedback	Local people are listened to and their feedback is used to help us with our decisions	Patient and carer forums Surveys Feedback forms
Involve	To work directly with service users, carers and others to ensure their views are used to design or redesign a service or process	Local people's advice and ideas are used to improve services and outcomes for themselves and others	Workshops, Focus groups, Locality groups and Strategic planning groups
Collaborate	To work together in partnership with service user, carers, and/or other agencies to design, create or run services	People will work with us as equal partners to improve services and outcomes	Co-deliver or are involved in a pilot or new programme participatory decision making user panels / reference groups
Empower	The decision making in the hands of local communities	Local people lead on the planning and development of local services	Participatory budgeting Co-production

The remainder of this strategy document will set out the ways in which the HSCP will encourage participation and engagement, and the mechanisms that it will establish to ensure that this is effective, efficient, and equal and is done in a way that will assist it to deliver best value for the people of East Dunbartonshire.

13. THE INTEGRATION JOINT BOARD (IJB)

The Integration Joint Board (IJB) encourages participation in its decision making by having a number of representative members and others in addition to the voting members appointed by the NHS Greater Glasgow and Clyde (GGC) and East Dunbartonshire Council (EDC) to be an integral part of it and to contribute to debate and discussion. There will be a representative member appointed from each of the following: trade union representative, service users, carers, the third sector, council staff, NHS Board staff and General Medical Practitioners (GP's). These members will be entitled to attend and to participate in all formal decision making meetings of the board. More information can be found [here](#).

14. STRATEGIC PLANNING GROUP

The Integration Joint Board established a Strategic Planning Group (SPG) for the HSCP as required through regulation. This is the principal stakeholder group of the HSCP. Its membership, which is wide ranging and representative, is set out in Appendix 5. The remit of the SPG is to:

- express its views on drafts of the Partnership's Strategic Plan (2018-22)
- comment on the implementation of actions outlined in the Plan
- work with the Senior Management Team (SMT) to update the Plan each year to reflect new needs and priorities and the changing environment, and;
- contribute to the development of HSCPs policies and strategies and to be consulted on these

More information can be found [here](#).

15. LOCALITY PLANNING GROUPS

The HSCP has established two Locality Planning Groups (East and West) to provide a voice for local people, organisations and professionals working together to

communicate local needs and how these should be prioritised in future versions of the HSCPs Strategic Plan (2018-21). Performance information will in future be provided to both Locality Planning Groups and will be reported on in the HSCPs annual reports. This will enable groups to hold the HSCP to account for the delivery of services and the support provided in their areas. Delegation to Locality Planning Groups is an empowerment issue that will be further considered by the IJB.

16. ENGAGEMENT WITH STAFF

Staff working directly within the HSCP and who are employed by EDC and NHS GGC are recognised by the IJB as one of the most important resources that it has, in its drive to deliver on its Strategic Plan objectives and policy priorities. Representatives of the integrated workforce sit on the IJB and SPG. The HSCP has also established the East Dunbartonshire Staff Partnership Forum (SPF) which is the principal consultation body for engagement with staff and through which participation will be sought. This body meets regularly throughout the year.

17. PUBLIC, SERVICE USER AND CARER GROUP

The Public, Service User and Carer (PSUC) representatives group in East Dunbartonshire was formed in 2016 and is a network of local people with an interest in improving the services provided by the HSCP. Involving carers, service users, the public and local communities is an important part of improving the quality of services provided by the HSCP. The PSUC group help the HSCP to improve services and ensure they are person centred; they also assist the HSCP to change or redesign local health and social care services and to strengthen local knowledge and confidence in the HSCP. The PSUC group also:

- assist the HSCP in developing new services which meet the needs of the local population
- assist in creating an improved service and the overall experience people receive; and,
- assist the HSCP in developing and promoting better communication techniques to inform and engage local residents

Representatives from the PSUC group sit on the Integration Joint Board, Strategic Planning Group and both Locality Planning Groups. For more information please email ED.PSUC@ggc.scot.nhs.uk

18. THE THIRD SECTOR

The Integration Joint Board recognises the key role that the Third Sector plays locally and how central it is to the development of a co-produced model of service delivery and to the development of capacity in local communities. This essentially describes the relationship between service providers, service users and wider community that utilises their knowledge, ability and resources to develop services, so that they become more efficient, effective and productive.

In addition to being members of the IJB and the Strategic Planning Group, East Dunbartonshire Voluntary Action (EDVA), the local Third Sector Interface (TSI), is represented on the Commissioning Group that is overseeing the development of the HSCP Commissioning Strategy and both Locality Planning Groups. EDVA jointly participates in community engagement activities with the HSCP and has facilitated a number of consultation events with third sector and independent sector organisations, for example, on the development of the HSCPs Strategic Plan and Commissioning Strategy. More information can be found [here](#).

19. THE INDEPENDENT SECTOR

The Independent Sector is represented on the Strategic Planning Group through a chosen representative, who has a seat on the group. In addition, the HSCP has established a number of provider's forums, with representatives from both independent sector and voluntary sector organisations. These groups participate in the development of new strategies and commissioning arrangements for a range of activity areas and will be instrumental in the modernisation of services and in the development of new and innovative approaches. These forums will also provide effective mechanisms for the discussion of issues, both opportunities and difficulties between providers and the HSCP's management and staff. To date such groups have been established in the following areas:

- Care Homes

- Learning Disability
- Physical Disability
- Mental Health and
- Older People

20. PROFESSIONAL GROUPS AND NETWORKS

The HSCP is the lead partnership in East Dunbartonshire for Allied Health Professionals (AHP's). Staff from a range of health, social care, and other professions, comprise a significant element of the workforce within the HSCP. Engagement with professional groups is another key element of the HSCPs Participation and Engagement Strategy. In addition, engagement with these groups that takes place through established mechanisms in NHS GGC and East Dunbartonshire Council. The HSCP, in accordance with the provisions of the Integration Scheme (Partnership Agreement), has established a Health and Care Governance Group, to engage with professionals and to seek their participation. The Health and Care Governance Group will consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. The Health and Care Governance Group will provide advice to the Integration Joint Board, Strategic Planning Group, and locality groups.

21. GENERAL PRACTITIONERS AND CLUSTERS

General Medical Practitioners (GP's), or family doctors, have a significant role to play in the delivery of Integration Principles as set out in the Public Bodies (Joint Working) (Scotland) Act, 2014, by working in partnership to improve the wellbeing of service users. In addition, fundamental to the HSCP's Strategic Plan is the desire to achieve a shift in the balance of care from hospitals and other institutions to local communities and people's homes. GP's will be at the heart of the HSCP's efforts locally to achieve this objective and the 2018 Scottish General Medical Services Contract sets out the distinctive new direction for General Practice in Scotland which will improve access for patients, address health inequalities and improve population health. East Dunbartonshire HSCP, through the new Primary Care Improvement Plan, has three distinctive locality based General Practice (GP) Clusters:

- Bearsden and Milngavie
- Bishopbriggs, and;
- Kirkintilloch, Lennoxton, Lenzie, Torrance and Twechar

The purpose of these Clusters is to share resources, use data and health intelligence at a local level, be cognisant of local priorities, to facilitate assurance and to drive improvement in the quality of care provided by different parts of the health and social care system, while knowing local priorities. This aims to drive improvement in the quality of care provided by different parts of the health and social care system⁴.

22. COMMUNITY PHARMACY / OPTOMETRY / DENTISTRY

The role of Community Pharmacists, Optometrists and Dentists is changing, with a much greater range of healthcare services and advice now available from pharmacies located in communities throughout East Dunbartonshire. Pharmacists have a key role to play in assisting the HSCP to achieve many of its priorities. The HSCP is committed to a process of regular consultation and engagement with pharmacists via their Stakeholder Group and a representative from this sits on the HSCP Strategic Planning Group. Information sharing with Optometry Services is shared via our Optometry Lead.

23. PUBLIC ENGAGEMENT AND PARTICIPATION

There will be occasions on which it will be appropriate for the HSCP to engage generally with the people of East Dunbartonshire and seek their participation. The HSCP will do this through a variety of means including events, public meetings, questionnaires, and written and on-line surveys. Some of the survey information used will be obtained through national exercises such as the Health and Wellbeing Survey.

Specific examples of exercises that will be conducted in this way will include the development and updating of the HSCP's Strategic Plan, the development of policy priorities and proposals to address health inequalities, particularly within the two localities. The HSCP will also actively participate in appropriate consultation and engagement activity being undertaken by others in fulfilment of its wider Community Planning Partnership (CPP) responsibilities.

⁴ [Improving Together - National framework Quality - GP Clusters \(Scotland\) 2017](#)

24. CARERS

From 1 April 2018, the Carers (Scotland) Act 2016 extends and enhances the rights of Carers in Scotland to help improve their health and wellbeing, so that they can continue to care, if they so wish, and have a life alongside caring. The Scottish Government have also prepared a Carers Charter setting out the rights of carers in Scotland. The HSCP has just published our local Carers Strategy. In East Dunbartonshire 11,347⁵ individuals identified themselves as unpaid carers. The HSCP also facilitates a Carers Working Group for carers and young carers in East Dunbartonshire. The local Carers organisation is called Carers Link and coordinates and supports the Carers Working Group.

The PSUC group also has Carer representatives who sit on the Integration Joint Board, the Strategic Planning Group and both Locality Planning Groups. Issues arising from these groups are considered at the Carers Working Group (Forum). With the enactment of this new legislation, engagement with Carers of all ages and the support provided to Carers will be subject to change. All of this has been addressed in the new Carers Strategy referred to above, and this was developed with Carer Representatives. There was full engagement with Carers before its subsequent approval by the Integration Joint Board. The Board recognises the significant role played by Carers in the support of many people living in East Dunbartonshire and is committed to a process of on-going participation and engagement.

25. COMMUNITIES OF EAST DUNBARTONSHIRE

The HSCP is committed to engaging with groups and individuals who face a range of social care and health inequalities and when encouraging participation will actively consider how to seek involvement from the following:

- those with/recovering from addictions
- homeless people
- ethnic minorities
- LGBT community, and;
- travellers / travelling community, and;

⁵ [2011 Census, East Dunbartonshire](#)

- those with additional or different communication needs, (those who may require different routes to communicate) BSL, Braille, community language etc.

26. ADVOCACY SERVICES

The HSCP recognises that a number of people in East Dunbartonshire across all age ranges will not necessarily be able on their own to make their views known or to actively take part in decision making. To facilitate this and to ensure that all voices are heard, the HSCP will signpost residents to independent advocacy services that operate and provide support and assistance across East Dunbartonshire to ensure, in so far as is practicably possible, that participation and engagement by the HSCP is inclusive and equal. More information can be found [here](#).

27. CARE OPINION / PATIENT OPINION

Care Opinion is an external website which allows patients to give their opinion of their care. Through the website patients, service users, or people acting on their behalf are encouraged to write stories of their experience of health and care across all sectors. Stories are responded to by the relevant organisation concerned. Stories can be both positive and negative and are regarded by East Dunbartonshire HSCP as a useful way of assisting us to improve the services we are responsible for.

28. FREEDOM OF INFORMATION

The HSCP is subject to the provisions of Freedom of Information legislation and participates in the provision of information requested under the provisions of the Act. More information can be found [here](#) under documents.

29. COMMENTS, COMPLAINTS AND COMPLIMENTS

East Dunbartonshire IJB welcomes both positive and constructive feedback on the full range of its activities to inform future organisational learning and development. When a complaint is received, the Chief Officer, NHS GGC and Chief Executive, East Dunbartonshire Council will work together to achieve where possible a joint response identifying the lead party in the process.

For complaints regarding the business of the Health and Social Care Partnership information can be found [here](#).

For complaints regarding services delivered by NHS Greater Glasgow and Clyde please visit www.nhsggc.org.uk/get-in-touch

With effect from 1 April, 2017 legislation and guidance in relation to Social Work complaints changed. Social Work complaints will now be handled through a two stage process. The full Social Work Complaints Handling Procedure can be viewed [here](#).

30. SERVICE CHANGE AND / OR SERVICE RE-DESIGN

Patients, service users, carers, their families, staff and members of our wider communities must increasingly feel they are being treated as vital and equal partners in the design, assessment and delivery of their local health and care services. They should be confident that their feedback is being listened to and see how this is impacting on their own experience of care and the care of others and how it is used to shape local services in the future.

Health and Social Care Partnerships are required to work with people when they are considering changes to health and care services. The Statutory Guidance (CEL 4) (2010) outlines the process that HSCP's should follow to involve people in decisions about local services. East Dunbartonshire HSCP endorses the need for the whole partnership approach to engagement activities in line with Statutory Guidance (CEL 4) (2010). The flowchart (Appendix 4) describes the service change process and summaries the key elements and steps of the guidance. This should be viewed as supplementary to the full guidance.

The full guidance for NHS services can be found [here](#). For social care services the HSCP will follow the guide as set out by East Dunbartonshire Council (Appendix 5).

APPENDIX 1. COMMUNICATION STANDARDS

Each of the seven National Standards for Community Engagement includes a short headline statement alongside a set of indicators to show progress towards meeting each standard. The following terms are used throughout the National Standards for Community Engagement:

(‘We’ refers to the leaders or organisers of the community engagement process.)

- ‘Partners’ are any organisation or group who is involved in planning or delivering the community engagement process
- ‘Participants’ are all of the people or groups who are actively involved at any level throughout the community engagement process
- ‘Community’ is a group of people united by at least one common characteristic, including geography, identity or shared interests



For more detailed information about the community engagement standards click [here](#)

APPENDIX 2. KEY POLICY DRIVERS

Community Empowerment (Scotland) Act 2015

Part 10 of the Act focuses on participation in public decision making. 'A new regulation-making power, enabling Ministers to require Scottish public authorities to promote and facilitate the participation of members of the public in the decisions and activities of the authority, including in the allocation of its resources. Involving people and communities in making decisions helps build community capacity and also helps the public sector identify local needs and priorities and target budgets more effectively'. For more detailed information click [here](#).

The Scottish Government National Health and Wellbeing Outcomes (2014)

Outcome 8 concentrates on engagement: 'People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide'. For more detailed information click [here](#). (See Appendix 3)

Patient Focus Public Involvement (2006)

In 2006, Patient Focus Public Involvement was launched nationally. Patient Focus, Public Involvement, often referred to as PFPI, emphasises two different ways in which people can participate in healthcare. Patient Focus means the provision of treatments and services which put the needs of the person at the centre to improve their experiences and outcomes of care and treatment. Public Involvement means involving people in decisions about how their health service is designed and provided. Public involvement should be part of the planning approach of an organisation. For more detailed information click [here](#).

Carers (Scotland) Act 2016

The Carers Act 2016 places a duty on local authorities and health boards to involve carers in planning the carer services they provide. The HSCP, Local Authorities and Health Boards must 'take such steps as they consider appropriate' to involve carers and carer representatives in the planning and evaluation of services that support carers. For more detailed information click [here](#).

APPENDIX 3. NATIONAL HEALTH AND WELLBEING OUTCOMES

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
7	People using health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care services

APPENDIX 4. SERVICE CHANGE / RE-DESIGN FLOWCHART

East Dunbartonshire Health and Social Care Partnership (HSCP) Informing, Engaging and Consulting with People in Developing and/or re-provisioning HSCP Health and Social Care Services	
Planning	Identifying need for change <ul style="list-style-type: none"> • Develop a background paper detailing the rationale for change • Identify stakeholders and establish a project group to oversee process • Equality Impact Assessment (EQIA)/ Health Inequality Impact Assessment (HIIA) of process (if applicable) • Develop an Involvement and Communication Plan including evaluation of activity / Involve PSUC at this stage to consider wider participation • Consider work with NHS GGC / EDC and other NHS Boards / Councils who may be affected by change • Consider initial discussion with Scottish Government (if appropriate)
Informing	Inform potentially affected people of the planned timetable for engagement, reasons for change and share any other background information <ul style="list-style-type: none"> • Carry out communication and engagement activities that can be used to inform the engagement work and development of options and benefits that are expected to flow from proposed change • Consider evaluation of engagement
Engaging	Development of model(s) with key stakeholders and Option Appraisal process <ul style="list-style-type: none"> • Develop options with key stakeholders including PSUC group / carers working group / service specific service users / their families • An option development process should be used to seek consensus, even when there are limited number of options in line with requirements of paragraph 29 of Scot Gov - CEL 4 (2010) guidance • Agree criteria and weightings, option appraisal and scoring process, sensitivity analysis (if required) • Agree preferred option(s) for consultation and feedback to those involved • EQIA assessment on preferred option(s) (if applicable) • Seek Scottish Government view (if applicable) <p>If considered Major Service Change:</p> <p>IJB / HSCP should not move to consultation until public involvement has been in accordance with guidance</p> <p>Follow guidance for independent scrutiny if relevant</p>
Consulting	A proportionate approach may include a form of consultation for proposals not considered to be major. Seek advice from planning / participation team on methods and process.

	<p>If considered Major Service Change</p> <ul style="list-style-type: none"> • Plan for minimum 3 month consultation period, timescales for analysis of results and reporting to relevant Board meetings • A consultation paper needs to be produced which incorporates requirements of paragraph 33 of CEL 4 (2010) guidance • Agree how information will be shared (methodology)
<p>Feedback and decision making</p>	<p>Provide feedback to stakeholders and interested parties on outcome</p> <ul style="list-style-type: none"> • Explain results of the consultation process, final proposals and next steps • Evidence how views were taken into account in developing final proposals • Provide reasons for not accepting any widely expressed views • Outline plans for implementation and further opportunities for engagement • Evaluation of engagement, and consider undertaking an after action review.

APPENDIX 5. SERVICE CHANGE / RE-DESIGN / RE-PROVISION CHECKLIST (DRAFT)

1. Title of HSCP service proposal / re-design / re-provision⁶	
2. Accountable Senior Management Team (SMT) Officer	
3. Designated Staff Officer(s) (Names and Job Titles) for developing proposal	
4. What is the nature of the proposal?	
<input type="checkbox"/> Update or introduction of a new HSCP policy, plan, strategy etc. <input type="checkbox"/> Review existing or introduction of new HSCP service or function <input type="checkbox"/> Re-design or re-provision of an existing HSCP service or function <input type="checkbox"/> Financial / budget proposal <input type="checkbox"/> Other (e.g. technical note, decision). Please provide details: Click or tap here to enter text.	
5. What are the main implications from this proposal? Select all that apply	
<input type="checkbox"/> Re-design of a health and / or social care service <input type="checkbox"/> Increase or addition of a health and / or social care service <input type="checkbox"/> Re-provision of a health and / or social care service <input type="checkbox"/> New ways of working or updates to procedures of a health and / or social care service <input type="checkbox"/> Different location, format or time of a health and / or social care service <input type="checkbox"/> New/changed priorities or criteria of a health and / or social care service <input type="checkbox"/> Other. Please provide details: Click or tap here to enter text.	
6. What is the purpose of the proposal?	
7. What are the proposed vision, aims and objectives, if applicable?	
8. What prompted the development of the proposal? (e.g. new legislation, administrative)	
9. What is the subject of the proposal (e.g. health, social care)?	
10. What are the intended outcomes and functions of the proposal?	
11. Will the proposal be driven by, influence or be influenced by any other existing or emerging proposals? (strategic plan etc)	
12. Has a previous version, or parts (e.g. objectives, actions) of this proposal been considered by any assessment before this?	
<input type="checkbox"/> Equality Impact Assessment (EqIA) <input type="checkbox"/> Risk Assessment	If yes for 1 or more assessment, please provide details: Click or tap here to enter text.

⁶ This includes policies, business plans, procedures, programmes, frameworks, strategies, strategic decisions, service changes, masterplans etc.

13. What is the period covered by the proposal and/or implementation date	
14. What is the frequency of updates/reviews (e.g. annual)? Please include dates if possible	
15. Identify how the proposal supports the National Health and Wellbeing Outcomes⁷ (select all that apply)	<input type="checkbox"/> Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer <input type="checkbox"/> Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community <input type="checkbox"/> Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected <input type="checkbox"/> Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services <input type="checkbox"/> Outcome 5: Health and social care services contribute to reducing health inequalities <input type="checkbox"/> Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being <input type="checkbox"/> Outcome 7: People using health and social care services are safe from harm <input type="checkbox"/> Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide <input type="checkbox"/> Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services
16. Identify how the proposal supports the policy priorities of the HSCP as outlined in our Strategic Plan (2018 - 2021)	<input type="checkbox"/> Priority 1: Promote positive health and wellbeing, preventing ill health, and building strong communities <input type="checkbox"/> Priority 2: Enhance the quality of life and supporting independence for people, particularly those with long-term conditions <input type="checkbox"/> Priority 3: Keep people out of hospital when care can be delivered closer to home <input type="checkbox"/> Priority 4: Address inequalities and support people to have more choice and control <input type="checkbox"/> Priority 5: People have a positive experience of health and social care services

⁷ The HSCP > Strategic Plan 2018 - 2021 > Health and Wellbeing Outcomes / Local Outcomes Improvement Plan 2017-2027

	<ul style="list-style-type: none"> <input type="checkbox"/> Priority 6: Promote independent living through the provision of suitable housing accommodation and support <input type="checkbox"/> Priority 7: Improve support for carers enabling them to continue in their caring role <input type="checkbox"/> Priority 8: Optimise efficiency, effectiveness and flexibility
<p>17. Identify how the proposal supports the Local Outcomes Improvement Plan (LOIP)⁸ select all that apply (if applicable)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Outcome 1: East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place in which to visit and invest <input type="checkbox"/> Outcome 2: Our people are equipped with knowledge and skills for learning, life and work <input type="checkbox"/> Outcome 3: Our children and young people are safe, healthy and ready to learn <input type="checkbox"/> Outcome 4: East Dunbartonshire is a safe place in which to live, work and visit <input type="checkbox"/> Outcome 5: Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles <input type="checkbox"/> Outcome 6: Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effect care and support services <input type="checkbox"/> Guiding Principle 1: Coproduction and engagement <input type="checkbox"/> Guiding Principle 2: Best Value <input type="checkbox"/> Guiding Principle 3: Evidence based planning <input type="checkbox"/> Guiding Principle 4: Fair and equitable services <input type="checkbox"/> Guiding Principle 5: Planning for place <input type="checkbox"/> Guiding Principle 6: Prevention and early intervention <input type="checkbox"/> Guiding Principle 7: Sustainability
<p>18. Who is this proposals main audience? Select all that apply</p>	<ul style="list-style-type: none"> <input type="checkbox"/> East Dunbartonshire HSCP employees <input type="checkbox"/> East Dunbartonshire HSCP patients / service users <input type="checkbox"/> Independent sector contractors or organisations / individuals carrying out a service on behalf of the HSCP <input type="checkbox"/> Voluntary sector groups/organisations <input type="checkbox"/> People living in a specific locality area of East Dunbartonshire. (SIMD area) Please detail: Click or tap here to enter text. <input type="checkbox"/> Everyone living in East Dunbartonshire <input type="checkbox"/> Specific users of a HSCP service Click or tap here to enter text.

⁸ The HSCP > Strategic Plan 2018 - 2021 > Health and Wellbeing Outcomes / Local Outcomes Improvement Plan 2017-2027

	<input type="checkbox"/> People with a long term limiting health condition or disability / their carers / families <input type="checkbox"/> Older people <input type="checkbox"/> People with Dementia / their carers / families <input type="checkbox"/> Carers <input type="checkbox"/> Specific group(s) of people with a shared interest. <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing socioeconomic disadvantage (this includes low/no wealth, low income, area deprivation, material deprivation) <input type="checkbox"/> Being in a particular age category <input type="checkbox"/> Being from a black or ethnic minority group e.g. Gypsy/Travellers <input type="checkbox"/> Speaking a language other than English <input type="checkbox"/> Identifying as Lesbian, Gay Bisexual or Transgender <input type="checkbox"/> Belonging to a particular religion or faith <input type="checkbox"/> Pregnant women or those on maternity / paternity leave <input type="checkbox"/> Another marginalised and / or hard to reach group e.g. those experiencing homelessness, offenders/ex-offenders. Please detail: Click or tap here to enter text. <input type="checkbox"/> None of the above
19. Risk Management	Please tick boxes to confirm completion of each stage. <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Risks Assessment document reviewed by SMT <input type="checkbox"/> Risks Assessment document attached to SMT papers along with Impact Assessment Checklist
Signed:	Date: Click or tap to enter a date.

Appendix 6

East Dunbartonshire Health and Social Care Partnership (HSCP)

Patient and Public Involvement - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
PRE – PLANNING		
Do I need to carry out this exercise?		Stage 1 – Why are you Involving? (See Appendix 7 - Consultation and Engagement Checklist)
Can I link up with another colleague / someone else?		
Do we already know the answer?		
How specifically will I use the results of this consultation?		Stage 2 – What are you consulting about? – What is the purpose of this consultation exercise?
What is the decision that I am seeking views on?		

When does this exercise need to be completed?		Stage 4 – When to Involve? <i>Preparing Your Timetable</i>
When will a decision be made?		
What approval process do I need to go through in order to make a decision?		
What is the timeframe for this?		
How long will this consultation exercise take?		
At the end you want to be able to measure whether: <ul style="list-style-type: none"> • The timetable was clear and kept to and if not, why not • Enough time was allowed for responses. 		
Who needs to give approval for this exercise to take place? <ul style="list-style-type: none"> • What do I need to do to obtain approval? 		

<ul style="list-style-type: none"> • By when. 		
<p>What have I learnt previously about what does and does not work in public, service user, carer and involvement?</p>		<p>Stage 8 – Evaluating your involvement exercise</p>
<p>What methods have I used previously that worked well?</p>		
<p>How can I use this knowledge to help this time?</p>		
<p>What resources do I need to complete this exercise?</p> <ul style="list-style-type: none"> • Human • Financial • Technical 		
<p>My estimate of how much this exercise will cost is? (if applicable)</p> <p>Is the cost of this exercise proportionate to the issue under consideration?</p> <p>At the end you need to be able to measure whether:</p> <ul style="list-style-type: none"> • You budgeted adequately • You made savings in particular areas or overspent in others - and why 		

<ul style="list-style-type: none"> • There were unforeseen costs - and what they were. 		
<p>My analysis of how I will know this exercise has succeeded is</p>		<p><i>Identify critical success factors</i></p>
<p>PLANNING YOUR EXERCISE</p>		
<p>What specifically will I consult about?</p>		<p>Stage 2 – <i>What are you consulting about? What is the purpose of your consultation exercise?</i></p>
<p>What are my key objectives?</p>		
<p>What is open to change and what is not?</p>		
<p>Make this clear in your consultation material</p>		
<p>At the end, you want to be able to measure whether:</p> <ul style="list-style-type: none"> • objectives were clear • they were relevant to the consultation itself and linked to your wider planning process 		

<ul style="list-style-type: none"> they were explained to, and understood by, all relevant staff and those consulted 		
Who will I consult?		<p>Stage 3 – Deciding Who To Involve – Identifying Your Stakeholders.</p> <p><i>What sort of views can you expect from different stakeholders?</i></p>
Who are my key stakeholders?		
How will I ensure that I reach groups that we have traditionally found hard to engage in consultation?		
Whose views and responses do I consider to be most important?		
Set specific targets for the level of response you want from your different stakeholders		

<p>At the end, you want to be able to measure whether:</p> <ul style="list-style-type: none"> • You have views from those you wanted • You were successful in consulting minority, disadvantaged or under-represented groups • Different groups responded to different methods • You gave feedback to those involved • The people consulted felt that the consultation was worthwhile 		
<p>What methods of involvement will I use? Ideally use a mix of quantitative and qualitative methods</p>		<p>Stage 5 – <i>How should I carry out the involvement?</i></p> <p><i>The Data Protection Act and other legal frameworks.</i></p>
<p>Do I need to reserve premises, book interpreters, etc?</p>		

<p>At the end, you want to be able to measure whether:</p> <ul style="list-style-type: none"> • the methods used were right for your objectives • if you used more than one method, which worked better than others - and why • you gathered the required <ul style="list-style-type: none"> ○ quantitative and/or qualitative information ○ response rate 		
<p>How will I analyse the results?</p>		<p>Stage 6 – Analysing the results. <i>Identifying Key Messages</i> <i>Identifying Priorities and Actions</i></p>
<p>How will I use the findings?</p>		<p>Stage 7 – Providing Feedback – <i>Who needs to know your results?</i></p>
<p>Who needs to know what I have found out:</p> <ul style="list-style-type: none"> • The HSCP? • Other partners/stakeholders? 		
<p>How will I provide feedback to participants?</p>		<p>Stage 7 – Providing Feedback</p>
<p>Make this clear in any consultation material.</p>		

Build in time to evaluate this involvement exercise		Stage 8 – Evaluating Your Involvement Exercise.
Ensure that you give your participants an opportunity to evaluate your exercise		
Consider lessons that you have learnt from previous involvement		

Appendix 7

East Dunbartonshire Health and Social Care Partnership

Consultation and Engagement Checklist

Stage 1 Why are you Initiating an Involvement Exercise?		
a	Be clear about what you are doing – where are you on the ladder of participation?	
b	Do we already know the answer to your question? Do you really need to carry out this involvement exercise?	
c	Carry out desk research and gather intelligence before you start	
d	Identify opportunities to link up with other involvement exercises	
e	Complete or at least consider the Involvement Project Plan	
f	Obtain any necessary approval and identify a project sponsor if appropriate	
g	Make sure that you publicise your consultation	

Stage 2 What are you Consulting About?		
a	Think through the purpose of your exercise - what do you want to achieve? Think about what you are really trying to achieve. A clear sense of the purpose will help you decide on the appropriate methods, who to consult, and enable you to decide at the end whether the process was successful.	
b	Clarify your objectives	
c	Think through how you will use the results	
d	Make sure that this exercise can influence a decision, policy or strategy	

e	Be clear about the opportunities for influence and any constraints	
f	Manage expectations clearly tell those you are involving what you are trying to achieve, the limitations and discuss the possible outcomes	
g	Think – what do you need to know, what might people want to tell you?	
h	At the end you will be able to measure whether objectives were: clear; relevant to the involvement activity itself and linked to your wider planning process; explained to, and understood by, all relevant staff and those consulted	

Stage 3 Deciding who to Involve

a	Identify your stakeholders – who do you want to reach? Consider whether you can use existing groups and networks creatively – this will be time and cost effective	
b	Think - how can you reach groups who traditionally we have not engaged with?	
c	What sort of views are you looking for? Do you need responses that are representative, in–depth, individual’s experience?	
d	Set targets for the involvement of different groups of stakeholders	
e	Think about how you will balance stakeholders' views – whose views will be given most weight and why?	
f	Use a variety of methods that suit your target audience	
g	At the end you want to be able to measure that you have the views that you wanted, and that you were successful in reaching groups who are traditionally hard to engage	

Stage 4 When to Involve

a	Be clear about when the decision on this issue will be taken	
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b	Think about at what stage you want to canvas opinion – before you develop your proposals, or when options and proposals have been worked up	
c	Build and agree a realistic timetable	
d	Complete your consultation plan	
e	Make sure you build in sufficient time for reporting your findings and the decision making timetable	
f	Allow time for feedback and evaluation	

Stage 5 How should I Carry out the Involvement?

a	Make sure your method is appropriate to meet your objectives	
b	Consider using existing networks and groups to consult – even for issues outside their usual remit. Remember to check that this does not contravene the Data Protection Act	
c	Consider using a variety of quantitative and qualitative methods	
d	Think about methods that work with groups who we find difficult to engage	
e	Use the checklist when planning a consultation event to make sure that you have thought through the arrangements	
f	Write in plain English and consider the communication needs of your Consultees	
g	Make sure that you provide sufficient information for people to consider and respond	
h	Think through the impact of the Data Protection Act and other legal frameworks on your exercise	
i	If this is a statutory exercise ensure that you follow the appropriate guidance	
j	Consider whether you need external expertise to carry out your exercise	

k	Make sure you allow adequate time for people to respond to your consultation or involvement activity	
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Stage 6 Analysing the Results

a	Allow sufficient time to analyse your results	
b	For qualitative methods identify themes and variations in perspective	
c	Ensure that you comply with the Data Protection Act and respect confidentiality where this has been requested	
d	Identify your key messages – and areas where views diverge. You must give a balanced account of the responses you have received	
e	Decide what action can follow from your results	
f	It is important to consider how you will balance conflicting results – identifying which stakeholders' views will be given priority will help with this. Include findings that you cannot act upon in the short term – provide clear	
g	Include findings that you cannot act upon in the short term – provide clear feedback about these areas	

Stage 7 Providing Feedback

a	Identify the different audiences who will need feedback about your exercise	
b	Identify what level of information these audiences will need	
c	Identify how you will make sure they receive the information – how will you tell them?	
d	Link your results to decision making	
e	Consider using the media and the HSCP Communications Team to get your message across and make the link between what we learnt and what we did	

Stage 8 Evaluating the Involvement		
a	Evaluation is important and should be built in from the beginning of the process	
b	Give those you involved an opportunity to evaluate the exercise	
c	Work through a basic evaluation every time and remember to keep this on file as it may be needed for audit purposes	
d	The key question - what effect has the involvement activity had? Check you can measure what happened as a result	
e	Managers should consider undertaking a more strategic look at evaluating consultation	
f	Sometimes an independent evaluation of your exercise may be valuable	

APPENDIX 8. STRATEGIC PLANNING GROUP

GROUP MEMBERSHIP / THE GROUP IS CHAIRED BY THE CHIEF OFFICER OF THE HSCP.

Stakeholder group	Number of representatives
Chief Officer of the HSCP (Chair)	1
HSCP Head of Service and Interim Chief Social Worker (Vice Chair)	1
HSCP Head of Service and Locality Lead	1
HSCP Health Improvement and Inequalities Lead	1
HSCP Planning Manager	1
GP Reps (Localities)	2
Voluntary Sector Rep	1
Independent Sector Rep	1
Health Professional Rep - Nursing	1
Health Professional Rep - AHPs	1
Health Professional Rep - Dentistry	1
Health Professional Rep - Community Pharmacy	1
Social Work Professional Rep (Justice) – social work	1
Social Care Professional Rep (adults) – social work	1
Social Work Professional Rep (adults) – social care	1
Social Work Professional Rep (Children and Families)	1
Acute Services Rep	1
Service User Rep	2
Carer Rep	2
Social Housing Rep	1
Strategic Housing Rep	1
Total	25

To see the East Dunbartonshire HSCP Strategic Plan (2018 - 2021) please click [here](#). (Under documents)

APPENDIX 8. GLOSSARY OF TERMS

Advocacy Services

Organisations or groups that ensure that people are able to have their voice heard on issues that are important to them.

Allied Health Professionals

Staff who include podiatrists, dieticians, physiotherapists, speech and language therapists and radiographers.

Best Value

The most valuable combination of cost, quality and sustainability to meet customer requirements.

Carers

People who look after, unpaid, a friend or family member who due to illness or disability cannot cope without their support.

Children and Young People Act, 2014

A law that strengthens children's rights and helps improve the services that support children and families.

Community Based Support Networks

A range of organisations and people in a community that can provide support.

Community Capacity Building

Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and

Community Engagement

A working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.

Community Empowerment (Scotland) Act, 2015

A law which helps communities having greater influence or control over things that matter to them. Including the extension of the community right to buy or otherwise have greater control over assets.

Community Pharmacy

Businesses that used to be known as chemists.

Community Planning Partnership

Is a group of organisations that work together with local communities to design and deliver better public services, making sure that they meet the needs of local people.

Hard To Reach Groups

Groups of people who use public services and who are less likely to be involved by professionals and decision-makers.

Health and Care Governance Group

A group of people who are responsible for making sure of the accountability of an organisation and its responsibilities to support staff and provide a good service to the public.

Health Board

A group of people that is responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services.

leading roles in the development of communities.

Health and Social Care Partnership

NHS and the local council care working together to provide health and care services.

Health and Social Care Integration

Is the steps taken to join up the services from NHS and the local council.

Health Inequalities

Means the differences in health status or in the distribution of health determinants between different population groups.

Independent Sector

Organisations which are private companies or social enterprises that are not NHS or local council.

Integrated Budget

A budget which is made up from budgets from NHS GGC and East Dunbartonshire Council.

Integration Joint Board

A committee of people from who have overall responsibility for the planning and delivery of community health and social work / social care services, including those for older people, adults, children and families and people in the Criminal Justice System.

Integration Scheme

A plan of how the services will be joined up.

Legislation

A law or set of laws, such as an Act, suggested by a government and made official by a parliament, e.g. Scottish Parliament, UK Parliament.

Locality and Neighbourhood Planning

Is a way of planning health and social care services with smaller areas within East Dunbartonshire.

Locality Planning Group

A committee of people including local residents, which represents the interests of the local community and staff within an area.

National Outcomes

Are priorities that the Government wants to achieve over the next ten years.

National Standard for Community Engagement

Are good practice principles designed to support and inform community engagement and improve what happens as a result.

Participation and Engagement Strategy

A document that outlines the different ways that an organisation will engage with individuals, groups and communities to help in the planning of services.

Public Bodies (Joint Working) (Scotland) Act, 2014

A law which helps to bring together NHS and local council care services under one partnership.

Scottish Care

An organisation that represents independent sector health and social care providers.

Self Directed Support Act, 2013

A law which helps to give people more control over the range of options on how their social care is delivered, which best meets their needs.

Social Care

Care or support that helps to meet people's social needs and supports people to lead an active life, as independently as possible.

Social Isolation

Is a term used to describe the state of people having minimal contact with other people, such as family, friends or the wider community.

Social Media

Different types of electronic communication, websites for social networking, to share information, ideas and personal messages.

Stakeholder

A person, group or organisation that has interest or concern in something.

Strategic Plan

A planning document that sets out an organisation's needs and priorities. It also contains proposals on how the organisation will use all of its resources, including its budget, staff and other resources.

Strategic Planning Group

A committee that will provide stakeholder advice to the Integration Joint board (IJB) for any plans and programmes related to the delivery of community health and social work/social care services.

Third Sector

The voluntary sector, organisations which are not run for private profit, or by government.

Third Sector Interface

An organisation that represent voluntary sector, organisations which are not run for private profit or by government.

Local Third Sector Partners Mentioned**Ceartas**

An independent Advocacy organisation who provide support and assistance across East Dunbartonshire.

Carers Link

An organisation that provides support to carers in East Dunbartonshire.

East Dunbartonshire Voluntary Action

The organisation that represents the voluntary sector in East Dunbartonshire.

APPENDIX 9. USEFUL CONTACTS

The communications teams within East Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board provide a communications function to support the HSCP in the delivery of the overall Communications Framework. This support includes looking after media and stakeholder relations and can extend to creating content to make customers and stakeholders aware of the HSCP business and upholding the good reputation of the organisation.

Health and social care staff are required to follow the policies of their employing organisations and to refer to the relevant HSCP protocols that provide staff guidance.

Advice and support should be sought from the following contacts.

- **NHSGGC Communication Service:**

Tel: 0141 201 4429, press.office@ggc.scot.nhs.uk

- **EDC Communication Service:**

Tel: 0300 123 4510, corpcommunications@eastdunbarton.gov.uk

- **HSCP Contact:**

Vandrew McLean Vandrew.McLean@ggc.scot.nhs.uk