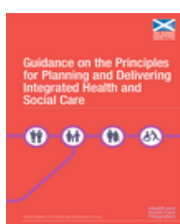


## Participation and Engagement

Inverclyde Health and Social Care Partnership (HSCP) principal objective is to deliver the national health and wellbeing outcomes [National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services \(www.gov.scot\)](https://www.gov.scot/publications/national-health-and-wellbeing-outcomes-2022/pages/introduction.aspx), we are required to produce a Strategic Plan that sets out how we intend to achieve, or contribute to achieving this.



Strategic Plans should have regard to the National Integration Delivery Principles - [Guidance on the Principles for Planning and Delivering Integrated Health and Social Care \(www.gov.scot\)](https://www.gov.scot/publications/national-integration-delivery-principles/pages/introduction.aspx). Strategic Plans should consider how to best meet the population needs of their areas and set out their plans for localising services into smaller communities and / or localities.

Inverclyde HSCP is committed to delivering high quality health and social care services that meet the needs of our people and communities. We consulted with local people, communities and partners as part of the process of developing our new Strategic Commissioning Plan. Following an initial engagement and development period last year, we identified the HSCP Vision and four Strategic (key) Priorities to progress over the next three years.

Engaging and listening to communities, staff and partners was key in determining the HSCP's strategic priorities. Our engagement with service users and carers, our people, local networks and forums is a continuous process, ensuring views from all sectors of our community are captured and shared to support and inform local decisions making.

Mechanisms for capturing this will include:

- Proactive feedback from the people of Inverclyde via face-to-face contact with practitioners and officers of HSCP, advisory networks, user groups, independent, third and voluntary sectors; surveys; and national experience surveys.
- Responsive feedback in the form of complaints, care opinion feedback and reported incidents.
- The contributions of our Strategic Planning Group (SPG), Locality Planning Groups (LPGs), Advisory Networks, user and carer groups to ensure that service user experience is at the centre of the HSCP's work.
- Regular stakeholder and community engagement events and exercises.

The process of consultation supporting the preparation of the Inverclyde HSCP Strategic Commissioning Plan 2024-2027 has been in four main parts.

- 1) Obtaining views on the understanding and effectiveness of the previous Strategic Plan 2019-2024, highlighting the (*September – November 2023*)

- 2) Obtaining views on what the main challenges are for the HSCP, to help inform our themes for development and improvement. (*September 2023 – February 2024*)
- 3) Obtaining views on the needs of our people from our communities, our IJB, SPG and workforce (alongside the needs assessment) (*September 2023 – February 2024*)
- 4) Obtaining views on the draft HSCP Strategic Priorities (*January-February 2024*)

## Review of the refreshed Strategic Plan

Before beginning the preparation of our Strategic Commissioning Plan 2024-2027, it was important to consider how effectively our previous plan performed, what improvements and developments were implemented, if the strategic priorities and measures were a success and gauge what the expectations and priorities were for our new plan.



To do this, the HSCP, CVS Inverclyde and Your Voice co-produced a survey. HSCP officers engaged with the workforce, CVS engaged across the third sector and Your Voice engaged with local communities and networks. This was done by distributing the survey digitally via teams forms to our workforce, and both digitally and in paper format to our third sector and communities. In addition to the survey, in partnership we hosted in person engagement sessions, and focus groups were facilitated to explore the community and third sector's expectations and priorities for the new strategic plan. These sessions and groups were widely attended and provided some rich and meaningful conversations. Initially we focused around five key words: *choice, early help, healthy communities, safe and workforce* the outcome of these discussions would help build our new priorities (full engagement feedback is available on request).

The results and themes from this engagement process were shared with our IJB and SPG at a joint development session in November 2023. This event took an informal round table discussion approach, allowing participants to discuss in three small groups with key questions (below) to understand the journey we are on.

### Conversation Café 1: COVID19 and Findings from our engagement process

- Agree the top three hitters that impacted our services during COVID?
- What matters now post-COVID?
- Findings: What our people say is important to them now.
- From findings: What resonates with people.

### Conversation Café 2 – Our Big Actions and Our priorities

- What are our Strategic priorities?
- What does our now Strategic Priorities look like? (previously big actions)
- What should our plan look like?
- How will we know we are doing 'well'?
- How can we do better?

From this event and subsequent discussions with our SPG we drafted our new priorities for 2024-2027 on which we would consult.

- Provide early help and intervention.
- Improving mental health and wellbeing.
- Support inclusive, safe and independent communities.
- Strengthen support to families and carers.

### Consultation on our Strategic Priorities

There was broad support for the areas of challenge identified and for the proposed priority areas. 90 people responded to our online survey, with the East locality having a higher representation of 11.7 per 10,000 population than the West locality at 9.8 per 10,000 population. 92% strongly agreed or agreed with the areas of challenge and the development themes identified. 3.8% of respondents strongly disagreed or disagreed with the priorities that were proposed with the remainder voting neutral (*full breakdown for each priority on pages 4 and 5*). For each of the priorities we



- a) Provided an overview of each priority and what this means.
- b) Asked why they provided the rating they did.
- c) Asked what our people thought could be done locally to help progress each priority.



Comments tended to focus on the actions that would sit beneath the priorities and how the plan should operate to achieve our shared vision and priorities, there was also a focus on our Mental Health Services and access to GPs with an identified need for improvement. Our respondents were clear that the priorities can only be achieved working in partnership, they cannot be delivered by the HSCP alone.

Following an analysis of our respondents feedback we established that their feedback was centred around the following themes which links to the strategic priorities.

Carers	Communities	Families
Mental Health & Wellbeing	People	Support

There was discussion across a range of HSCP governance and representative groups, including:

- The Integration Joint Board (IJB)
- The Strategic Planning Group (SPG inc. representation from Staff Partnership Forum (SPF) and Human Resources)

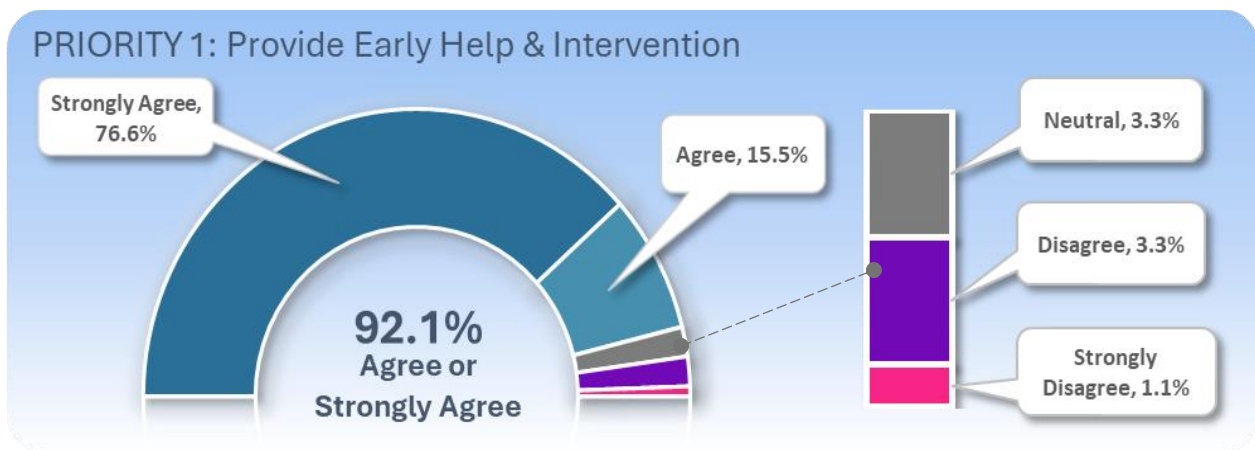
- Locality Planning Groups (LPGs)
- The Senior Management Team (SMT)
- Service Manager meetings (with each head of service)

Across these groups, there was broad consensus that the challenges, improvement themes and enablers identified provided a positive framework for the new Strategic Commissioning Plan. All engagement phases generated a great deal of comment and feedback that then informed the context that will support these improvement priorities in the final document.

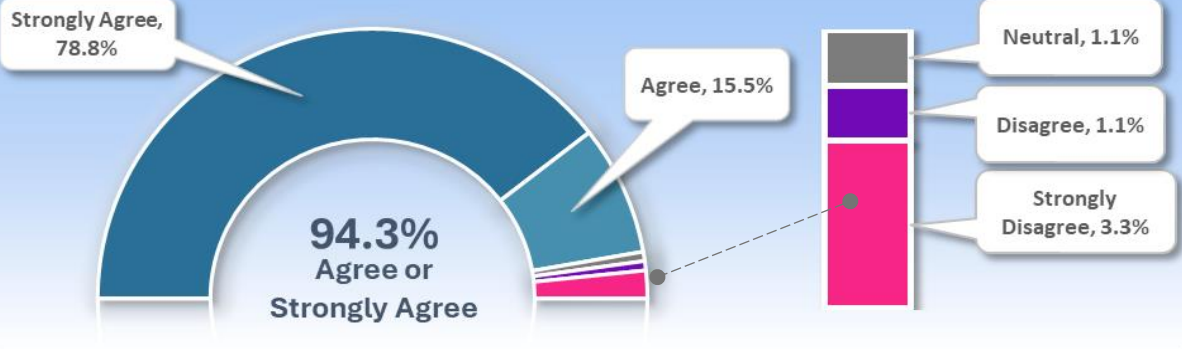
### Strengths identified

The Strategic Plan is based upon comprehensive Strategic Needs Assessments.
The Strategic Priorities are aligned well to national outcomes.
The Strategic Priorities were developed through extensive community consultation.
There is opportunity for strengthening our partnership working with our third, voluntary and independent sector.
There is opportunity for reviewing and strengthening the current processes, waiting times and response times.
With current financial pressures and demand on services there is an opportunity to deliver services differently.
Post COVID there is an opportunity to reconnect our services and strengthen integration.

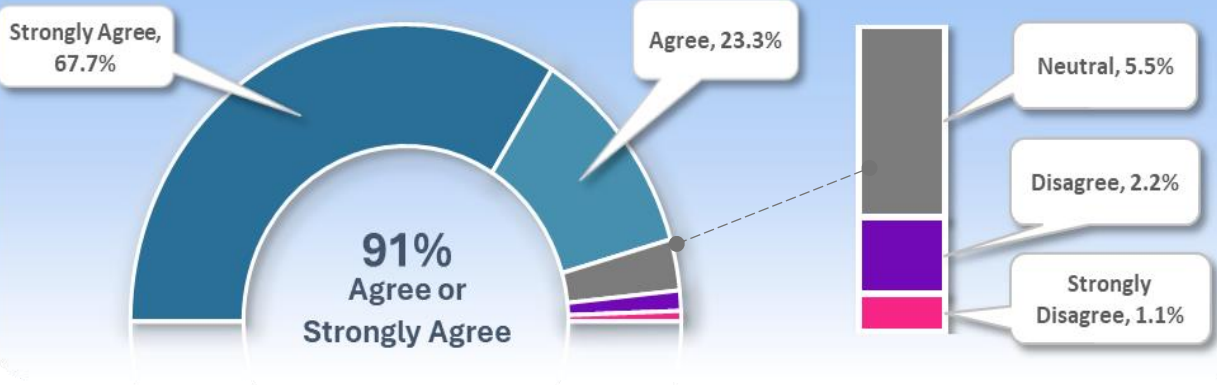
### Engagement Feedback Charts



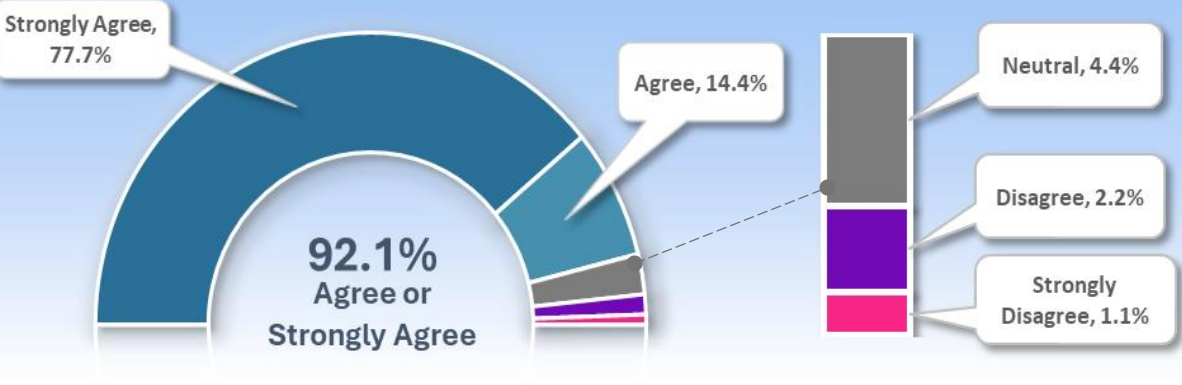
### PRIORITY 2: Improve Mental Health & Wellbeing



### PRIORITY 3: Support inclusive, safe and independent communities.



### PRIORITY 4: Strengthen Support to Families and Carers



Feedback and suggestions relating to service matters and service improvement included:

Health and social care services are often difficult to access when in crisis. Too many doors.
Invest to reduce waiting times across HSCP services.
Need to review response times to urgent referrals (i.e. crisis team).
Preventative care – there was advantages to health clinics, men’s health clinics, local baby clinics.
Our crime rate is often linked to mental health, poverty, alcohol and drugs and users of the services are batted around services.
Regular medication reviews are required to reduce repeat prescriptions. Signpost to community help where appropriate.
Explore ways our local housing policy can support mental health and wellbeing outcomes.
Explore the barriers to living and eating well (cost associated) analyse data and target areas in more need.
Consensus and understanding that providing earlier intervention will help maintain optimum health at home and prevent unnecessary hospital admissions.
Maximising Independence project has been a good start - we need to build on this and ask relevant questions at first point of contact, take a more comprehensive integrated approach.
Empower communities to access resources, finances and build on the community-based activities and hubs. HSCP investment in Community hubs.
GPs writing fit notes for mental health issues without seeing the patient. Effectively ‘kicking the can down the road.’
Better use of technology / digital, consider <b>blended</b> approaches to TEC, a focus on maximising digital and technological may risk excluding people, particularly older, vulnerable people and people with cognitive issues.
The homeless issue in Inverclyde should be framed from a Mental health and addiction perspective, people have more specialist requirements above their housing needs
Improve referral pathways and quality of referral (professional to professional)
More community centres and hubs need to be involved – that is where communities feel safe, and this will help reduce isolation.
There is a need for motivational healthy living campaigns.
People must take ownership of their own health and wellbeing - people genuinely do not know how to fix it for themselves and therefore rely on services and GPs to ‘fix it.’ There should be a communication strategy and educational programme for improving access to information – people do not know what they do not know!
Front line staff should be Trauma Informed Trained and be aware of HSCP wide services and signpost – no wrong door.

Prevent poor mental health by promoting healthy alternatives. Continually share positive stories and lived experience stories.
Targeted media campaigns – education on what people can do to help themselves.
Support third and voluntary sector with community grants and support them to help run groups efficiently and effectively
Make it a positive place to live and work – media does not help with negative press.
Solutions should be co-designed and co-produced with partners and communities.
Support for carers is crucial before it becomes a crisis with carer breakdown in stress.
More support and recognition for our young carers.

### Equalities findings

Inverclyde HSCP cannot look at equality in isolation we must plan and provide services in a way which, takes account of the needs, characteristics and circumstances of our service-users. We must collaborate with people to design services that are accessible, culturally appropriate and that support equality of access and outcomes for all.



Given the different asset bases of our increasing diverse communities, and the need to address health inequalities, we should consider how we will allocate resources in ways that will enable Inverclyde to achieve equitable outcomes. As part of our survey, we included several equalities questions and will use this as our benchmark moving forward to ensure we are engaging with the people who face the greatest barriers. We identified a need for future targeted engagement with our younger people, young carers, our New Scots and the men in Inverclyde.

We must consider the following.

How can the HSCP demonstrate we are applying our principles to all groups, particularly those at greater risk of experiencing poorer health and wellbeing?
What community supports do people already have and how do we strengthen this support?
How will we evidence that we have reduced barriers?
In what ways have we used equality impact assessments to promote people 's equality rights and address health inequalities? Can we evidence good practice?
How can we evidence, that we are reducing health inequalities?