



DUMFRIES AND GALLOWAY
Health and Social Care Partnership

Evaluation Report

Development of the IJB Strategic Commissioning Plan 2022 - 2025

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Submitted by
Date

Liz Forsyth
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1. Background to the consultation

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places legislative requirements on integration authorities to review their Strategic Commissioning Plans at least once in every relevant period. Due to the Covid-19 pandemic work to develop the next SCP delayed.
- 1.2. At the Dumfries and Galloway Integration Joint Board (IJB) meeting on 18 March 2021 it was agreed that the existing SCP 2019 - 2021, having undergone a process of review that involved the Strategic Planning Group (SPG), would remain relevant until 31 March 2022.
- 1.3. The Consultation and authorisation Mandate was agreed by the Communication and Engagement Working Group.

2. Evaluation approach

- 2.1. The [National Standards for Community Engagement](#) (2005, updated 2015) were applied and as the best practice score card has been completed.
- 2.2. The communications, engagement and consultation activities in relation to developing the SCP benefitted from the oversight of the Dumfries and Galloway Communication and Engagement Working Group. This group's membership reflects local and national participation, engagement and consultation knowledge and expertise.

3. Planning

What we did well and how could this be improved?

- 3.1. Stakeholder mapping took place early in the process. Working with partners enabled us to recognise where there were gaps and seek to find individuals or groups that would provide representation for that community of interest.
- 3.2. This preparation allowed us to engage with a wide range of people with lived experience of accessing health and social care and support and unpaid Carers and staff who deliver health and social care and support.
- 3.3. Opportunities to engage were available to all sectors of the Health and Social Care Partnership, statutory, independent sector and third sector organisations. These opportunities led to the development of new networks and additional stakeholders that were not previously involved.
- 3.4. The links that have been made and the barriers that were encountered have been recorded in the Statement of Consultation (see **Appendix 1**). The learning from this will be used to improve future engagement and consultation activities.

4. Methodology

What we did well and how could this be improved?

- 4.1. Engaging with people was very challenging due to the restrictions and pressures caused by the Covid-19 pandemic. Multiple opportunities to get involved and 'Join the Conversation' were offered, using methods that were appropriate for as wide a demographic as possible.
- 4.2. Methods included
 - electronic - Smart Survey, on-line workshops, fora and presentations and emails
 - telephone
 - written (posters were displayed, hard copy documents were available on request)
 - animation and videos
- 4.3. Improvements could be made by creating videos and animations 'in-house'. This would improve the ability to get information out to people quickly and cost effectively. This would also make it easier to edit resources if there were changes to information or guidance.

5. Budget planning

What we did well and how could this be improved?

- 5.1. There was some increased cost for
 - preparation of a supporting animation
 - support workers for people with additional needs to enable them to participate
 - newspaper advertisements
- 5.2. Overall there was an under spend for the engagement and consultation work due to
 - no travel costs for participants or facilitators
 - minimal printing
 - no venue hire or refreshments for engagement sessions
- 5.3. Key learning from this process has been that
 - it is easier and more cost effective for **some** people to attend virtually than physically (a range of engagement methods should still be offered)
 - when meeting virtually a wider geographical mix can happen without impact on carbon footprint or transport issues
 - printing should only be done on request or where there is no alternative

- some people find access to digital engagement challenging or impossible. There should always be an alternative option available.
- 5.4. Budget planning could be improved by using the key learning above and ensuring people's needs for additional support and or translation services is accounted for at the planning stage.

6. Timetabling

What we did well and how could this be improved?

- 6.1. The timeline for the consultation and engagement was created with some flexibility however the pandemic caused massive and unavoidable delays.
- 6.2. An extension to the relevant period was sought and approved as detailed at 1.2 above. This was requested timeously and through appropriate channels. A visual representation of the SCP timeline is shown in **Appendix 2**.
- 6.3. The original timeline had been planned with suitable contingency included. It would be very difficult and impractical to allow leeway for a pandemic in normal timeline planning.

7. Feedback to stakeholders

What we did well and how could this be improved?

- 7.1. Feedback was provided to stakeholder groups through meetings and written papers and reports.
- 7.2. Individual consultees could access a report on line at dg.hscp.co.uk and on partner's social media pages where links were shared.
- 7.3. Written copies of the reports are available on request.

8. Communication

What we did well and how could this be improved?

- 8.1. Different methods of communication were used to ensure as wide an audience as possible had access to the information and opportunities to get involved.
- 8.2. Resources were made accessible by adding British Sign Language to videos as well as subtitles and spoken narrative. All written resources had a note say that they could be translated on request.

- 8.3. Communication could be improved in future by considering translation and other tools to support understanding being put in place at the planning stage. Accessible resources such as Easy Read versions should be produced/published at the same time as the 'non-Easy Read' resources, not produced later in the process.

9. Support

What we did well and how could this be improved?

- 9.1. The support that was provided by the Partnership to enable people to engage worked well.
- 9.2. The support provided by partners helped to ensure there was a diverse mix of people involved throughout the development of the SCP.
- 9.3. Having payment systems in place prior to the start of engagement activities would improve efficiency and make things simpler. This includes the ability to pay for support workers to help people with additional needs to participate in discussions and surveys.

10. Outcomes

What we did well and how could this be improved?

- 10.1. The main outcome of the consultation was ensuring that people who access and deliver health, social care and support were able to share their knowledge and lived experiences to inform future planning. This has been achieved.
- 10.2. There are no specific areas identified as requiring improvement in this area

11. Strategic Planning Group

What we did well and how could this be improved?

- 11.1. The Strategic Planning Group has been very influential in supporting the development of the SCP. Their input has provided scrutiny, knowledge and guidance.
- 11.2. The group does not appear to have a regular set meeting timetable and agenda (this could be because of the pandemic). Strategies currently under development having an opportunity to provide a short presentation and/or seek guidance more regularly, might improve the level of support available.

12. Partnership working

What we did well and how could this be improved?

- 12.1. Partnership working worked well. All sectors supported and contributed to the engagement and consultation activities.
- 12.2. Partners were generous with their time and resources, sharing links on their social media and information through across their networks.
- 12.3. Invitations to meetings and groups were impacted by the reduction in meetings and late cancellation of sessions due to pressure of work across all sectors. The risk of missing certain groups was difficult to manage as some only meet 3 or 4 times a year and they did not meet again during the consultation period.
- 12.4. The groups that did meet were enthusiastic and engaging.

13. Budget

What we did well and how could this be improved?

- 13.1. As highlighted in Section 5 above. The budget allocated to developing the SCP was sufficient. There was an under-spend due to the virtual nature of the engagement work and despite paying for support time.
- 13.2. The budget was supported by Patient Access paying for the BSL translation and a reduction in print, venue hire and transport costs.

14. Conclusions and Improvement Actions

- 14.1. The aim of the consultation was to ensure that people who access and deliver health, social care and support were able to share their knowledge and lived experiences to inform future planning was achieved.
- 14.2. By working closely with partners and involving them throughout we were able to ensure information was accessible to as many people as possible.
- 14.3. Despite the Covid-19 pandemic restrictions, the IJB SCP 2022 – 2025 has been co-created and co-produced.
- 14.4. The SCP accurately reflects people's views and experiences about adult health and social care across Dumfries and Galloway's.
- 14.5. The suggested improvement actions listed in the above sections will support us to create better consultations, plans and strategies.

Appendix 1 – Statement of Consultation



20220221 Final SOC
SCP 2022-25.pdf

See Health and Social Care Partnership Website <https://dghscp.co.uk/useful-documents/> Strategic Plans section

Appendix 2 - Timeline

IJB SCP 2022-2025 High Level Timeline

