



Full engagement report

1468 - Upper Eskdale Development Group - Health & Social Care Community Engagement

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Background

Upper Eskdale Development Group's mission is 'to make the area an even better place to live'. It was set up following the community's response to the closure of the local school and a general reduction in public services and amenities in the area. The broader aim of the Group is rural regeneration, e.g. it is community-led and aims to take forward community issues, with the long term aim of achieving sustainable income, services and activities for the existing local community, and to hopefully encourage families to move to the area.

The Group will carry out a community engagement initiative to determine the experiences and needs of the community in terms of health and social care. Eskdalemuir has an ageing population which will require increased support from the statutory and community/voluntary

sector in the future, this survey will help to determine what support is needed and who should/could provide it.

Uploaded documents which relate to this engagement:

Comm engagement Evaluation Form.doc
Eskdalemuir Health & Social Care Meeting - Report.docx
Upper Eskdale Questions - Complete Report3.docx
Upper Eskdale Questions -version2.docx

Other engagements which have links to this engagement:

This engagement has no linked engagements.

STEP 1: ANALYSE

Our purpose for engaging is...

The group want to establish the Health and social care needs of the Upper Eskdale community. There is plenty of anecdotal information that the services do not reflect the needs of the community. In particular the information suggests that service for older people and residents with long-term health conditions are not fit for purpose.

We are seeking to

Engage

To take shared decisions - This means the community will influence options and choices of action.

To take shared action - This means the community will share in any action taken.

To support community led action - This means the community will lead the action.

What we know:

The regional demography demonstrates an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. There are greater challenges on public sector budgets and there are an increasing number of older people in Dumfries and Galloway. People are living longer and will have multiple and complex needs.

- We know that older people and those with longterm conditions are having to travel a great distance for appointments and that local service provision is sparse.
- There are 300 residents & 70 households within Upper Eskdale
- We think the 30% of the population rely on Health and Social Care support.
- The community is geographically remote with a small population. There are few families or younger people in the community, and for those few, underemployment is a problem, as well as restricted access to services and activities for young people – resulting in travel to larger communities for services.
- The community is largely made up of older people, many of the everyday needs of older people are more difficult to meet due to travel – health and social care consultations, healthcare at home, travel, food etc.

- SIMD statistics show the area to have one of the lowest ratings for access to services.
- Voluntary organisations and statutory services struggle to support Upper Eskdale residents due to the small scale of the community.

What do we need to know:

1. What the needs are in the community regarding health & social care?
2. Health and social care concerns of resident's for the future?

Community stakeholders

- Housholds in Upper Eskdale

Agency stakeholders

- Upper Eskdale Development Group
- Health
- Social Work

Who needs encouragement?

- Need to particularly get the views of people currently using health & social care services - older people and those with longterm conditions. This group may be reluctant to discuss their experiences with community reserachers.

What is the engagement locality?

Eskdalemuir

Who are we engaging with, are they a thematic group?

Residents of Upper Eskdale & wider

What is the overall purpose of the engagement?

To gain new understanding of health and social care needs now and in the future.

Status of engagement

Complete

STEP 2: PLAN

What outcomes are stakeholders looking for, and what will success look like?

The engagement should achieve these outcomes	Outcome indicators and sources of evidence
1 Involve as many people in the community as possible so that they can have their voice heard.	- Numbers of people responding to questionnaires and attending event.
2 Gain new understanding about the health and social care needs of the community	- A final report with the evidence from the questionnaires will be produced by SCDC and UEDG

What barriers might affect anyone who should be involved?

- Older people or those with longterm conditions may be reluctant to engage with community researchers.

What resources might be needed to overcome these barriers?

- We will offer those reluctant to engage with community reserchers the opportunity to come along to a facilitated discussion.

Is there a need for independent advocacy, community development support, or specialist advice and, if so, where would it come from?

The initiative will have SCDC support.

What resources are available to us?

- 6 Community Researchers
- Small sum of money from SCDC (£300) for public meeting and costs of survey.

What methods will we use and what actions will be taken to meet our outcomes?

Key actions (including the lead responsibility) are:

Method and related outcome	What, who and when
1 Engaging - Volunteer briefing and Knocking on Doors to meet outcome1	- Volunteers will help design the questionnaire following planning session - by 1st July 2014 (SCDC/volunteers) - Door Knocking - last two weeks in July 2014 (Volunteers)
2 Collating data, feedback event, produce report to meet outcome 2	- Collate data by early August 2014 (SCDC) - Feedback event: Sept/Oct (SCDC/UEDG) - Final engagement report for mid October (SCDC)

STEP 3: DO

Progress 1 of 2

Method and related outcome

Engaging - Volunteer briefing and Knocking on Doors to meet outcome 1

What, who and when

- Volunteers will help design the questionnaire following planning session - by 1st July 2014 (SCDC/ volunteers)
- Door Knocking - last two weeks in July 2014 (Volunteers)

What actions have we taken so far?

23/06/14 - PN - Planning meeting held with volunteers on 20 June 2014. The key points from the meeting are:

- We have 6 experienced volunteers willing to door knock with the questionnaire.
- We agreed that volunteers would door knock the community in the last 2 weeks in July 14.
- There are around 70 households that we want to target and that means 70 complete questionnaires. Respondents will be commenting on their own and their family's experience of health & social care.
- SCDC will collate the questionnaires with a view to holding a further public meeting in the new community centre to discuss the results and decide on actions (September/Oct). Before this event we will feedback the results of the survey to the households so that there isn't a significant delay in feedback to the community.
- Attached the first draft of the questionnaire based on our discussion.

15/08/14 - PN - Meeting with group on 14/08/14 to discuss progress so far. We currently have 42 complete questionnaires, which is great! We agreed that we would try to get more questionnaires from the areas that we haven't reached, which could amount to around 20 more. If we can get these last questionnaires that would be great as we anticipate that there are 70 households in the catchment that we wish to target.

At our next meeting we will discuss the draft report which will go out to the 70 households and the date and content of the community consultation event.

What issues have arisen and what remedial action, if any, are we taking as a result?

23/07/2014 - PN - One volunteer has dropped out of the process due to personal circumstances. This leave 5 volunteers to carry out the door knocking.

15/08/14 - PN - Two volunteers have dropped out but two new volunteers with an interest in health and social care have joined the group.

Progress 2 of 2

Method and related outcome

Collating data, feedback event, produce report to meet outcome 2

What, who and when

- Collate data by early August 2014 (SCDC)
- Feedback event: Sept/Oct (SCDC/ UEDG)
- Final engagement report for mid

What actions have we taken so far?

04/09/2014 - PN - We have 42 Complete questionnaires. The local volunteers are trying to get another 20 from householdes which have not been approached yet.

12/09/2014 - PN - Met with steering group on 11 September and we agreed to:

1. Mail out the community engagement findings to the 70 households in early October.
2. Hold a public meeting in the Hub on 30 October to discuss the findings and to suggest community led and statutory sector solutions.
3. Invite key partners to the discussion.

09/10/2014 - PN - We have 55 responses to the survey which is great! Invites have been sent earlier this week to key partners for the event on 30 October (sent by Nick). Information about the event will go out to the wider community on 20th October.

23/10/2014 - PN - 224 Invites to 30 October event and reports have been sent out to residents of Upper Eskdale & surrounding areas (Eskdalemuir and Boreland)

11/11/2014 - PN - around 20 people turned out to the public meeting on 30 October. Participants listened to a short presentation regarding the survey results and then went into groups to consider the issues and possible solutions for Eskdalemuir. A report of the event has been uploaded to VOiCE.

What issues have arisen and what remedial action, if any, are we taking as a result?

23/10/2014 - PN - Not sure how many partners will attend if any!

12/11/2014 - PN - Around 20 people showed up for the public meeting which is ok and represents around 8% of those invited.

STEP 4: REVIEW

How have stakeholders been involved in collecting evidence and judging performance?

Discussion between Jock Miller (UEDG) & Paul Nelis (SCDC) on Wednesday 17 December 2014 via phone. We used the 'DO' report as evidence of progress.

How well have we met the National Standards for Community Engagement - what worked and what didn't?

View scoring criteria. Score each standard as

1 = Not met the standards at all

6 = Fully met the standards

Involvement

Score: 6

The engagement reached as many people as possible within the community. We had a Health and Social care Group Steering group made up of around 12 people and we had returned questionnaires from 54 of the 70 target households. Great effort went into ensuring that everyone had their say.

Support

Score: 5

There were no real barriers. All opinions were sought through the questionnaire and we offered transport to those who wished to attend the public meeting. New comers to the area and more settled residents were included in the discussions.

Planning

Score: 5

The engagement and meetings were well planned and no real issues.

Methods

Score: 5

We used the community questionnaire and a public meeting to discuss the results. This was considered the best option by the Health and Social Care Steering Group and worked well. There has been good anecdotal feedback about the engagement.

Working together

Score: 5

The Health and Social Care Steering Group worked well together. We communicated well through emails and meetings.

Sharing information

Score: 5

The engagement produced clear and transparent information and the opportunity for residents to have face to face discussions if they wished.

Working with Others

Score: 3

It was dissapointing that we did not have representatives from NHS and Social Work at our public meeting. Despite invites no one came other than Karen Booth from Micro businesses.

However Nick has a meeting with the outgoing Community Health & Social Care Partnership Manager which may be useful.

Improvement

Score: 5

The Health & Social Steering Group became more aware of the issues and process of community engagement as a result of this process.

Feedback

Score: 6

The feedback was excellent. In October letters were mailed to 224 individuals in the community with the survey report, an invite to the public meeting and a blank form in case they didn't get an opportunity to fill one in first time round.

Monitoring and evaluation

Score: 6

Used VOiCE to monitor and evaluate the engagement

Reviewing the outcomes from our plan, how successful have we been?

View scoring criteria. Score each outcome as

1 = Not met the outcomes at all

6 = Fully met the outcomes

1 Outcome as set in the plan

Involve as many people in the community as possible so that they can have their voice heard.

Outcome indicator

- Numbers of people responding to questionnaires and attending event.

Score: 5

Evidence

We had 54 responses from 70 households and we mailed 224 letters to residents with the survey report and an invite to a public meeting. There were a lot of opportunities for local people to have their say.

2 Outcome as set in the plan

Gain new understanding about the health and social care needs of the community

Outcome indicator

- A final report with the evidence from the questionnaires will be produced by SCDC and UEDG

Score: 5

Evidence

We have new information about the Health & Social Care needs of local people. This is contained in the final summary report.

How many of the planned Community Stakeholders did the engagement process reach?

	Quantity
- Housholds in Upper Eskdale	54
Total	54 Community stakeholders reached

Did all the Agency stakeholders identified in Analyse continue to be involved throughout the engagement process?

Yes: - Upper Eskdale Development Group

No: - Health

No: - Social Work

Overall score based on assessment of process and outcomes of the engagement:

View scoring criteria. Score overview as:

1 = Not met the process and outcome(s) at all

6 = Fully met the process and outcome(s)

Score: 5

In the Analyse section we said that the right level for the engagement was:

Engage

To take shared decisions - This means the community will influence options and choices of action.

To take shared action - This means the community will share in any action taken.

To support community led action - This means the community will lead the action.

Was this the right level and why?

This was the right level because we wanted the community to lead and be involved as much as possible.

What key lessons have been learned as a result of the engagement?

- Really positive, has people asking question about what to do when I'm older or when they experience a period of ill health.

- The community engagement initiative has raised options which the UEDG & Health & Social Care Steering Group can investigate further.

- Some actions have already been put in place to address the issues identified eg local support
- more sharing knowledge of skills eg what local people can do; funding applications
- People were asking for very practical support - cutting wood, maintaining the house. These are all activities which the community can support each other with.

What will we do next?

- Funding applications submitted.
 - Health & Social Care Group will stay together to coordinate voluntary help in the community.
- We are more aware of the needs in the community as a result of the engagement.

Status of engagement

Complete



VOiCE has been developed by SCDC for The Scottish Government.

This report was produced using VOiCE - Visioning Outcomes in Community Engagement Developed by Scottish Community Development Centre (SCDC). www.voicescotland.org.uk