West Dunbartonshire Council | NHS Greater Glasgow and Clyde | West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Local Engagement Network
Physical Disability/Adults with Complex Needs (Service Providers) Workshop:
5th September 2017 at the WDCVS offices Clydebank

The Chair of the Local Engagement Network (LEN) welcomed everyone to the Local Engagement Network session before the HSCP Head of Strategy, Planning and Health Improvement gave an overview presentation.
The session proper began with providers asked to consider what could be done to facilitate better engagement between providers and the HSCP.

Responses included:

- It's frustrating when we do a good piece of work and funding ends...what happens next
- We have done good work in West Dunbartonshire and taken it to other areas I think the elephant in the room is money. Money is also a problem for statutory services as well.
- We are working with a lot of young people who are doing course after course at college without moving on. They need a social life; we have really good interaction with the HSCP and hope it will continue as we are having success working with our client group
- It is easy for us to get people out and about and engaged if their funding allows us. We make the best with what we've got
- It would be good to know more of what's available. The team are flexible with resources so people can participate.
- Services out there are good at what they do and engage appropriately. Adult Care Team has gone back to basics, "what can we do for service users," the team know what's out there, linking in with specialist services.
- When we find something that works, how do we embed it?
- How can we build up stimulants to take things forward? Services help people up but what can families do to help? Instead of doing things to service users how can we rehabilitate using their networks to the point of independence.

- People have peaks and troughs especially if they have a degenerated disease, services have to be flexible so good relationships are important
- How can we develop mutual support further?
- There is work being done in transition of a child moving to adult services... should adult services be getting to know the children from the age of 14? Should adult team worker be the transition worker to the child?
- Transitions – managing expectations, if it's not working who do we go to; is there a named worker.
- A young person goes for physiotherapy because their parents take them they don't want to be there, what does this achieve?
- We need to work with groups of young people, sharing strategies with peer learning volunteering.
- Some people are getting things done to them we need to say to service users here are a few possibilities.
- How can you plan for years? We have regular reviews with service users and yearly reviews with social worker.
- Sometimes we do things off the cuff... it could be a one off' we are flexible and just run with it. We probably couldn't plan for 12 months because people change. Some people have moved onto work or volunteering but some people don't want to move on.
- Are we flexible enough with you?
- Sometimes social workers doesn't listen to service user, sometimes we are fire blankets.
- Care management can be good but it's all or nothing, there can be an imbalance.
- We have 16 service users with 16 different services**,** how do you know what to do for 30 hours, it depends on the service user wants to do.
- We have one service user with a brain injury and other issues; he used to be a chef, we have worked with him and he has learnt how to cook again and is moving on.
- Working with West Dunbartonshire HSCP has been fantastic the team got what we were doing.
- Sometimes the Social Worker was not 100% sure what we were doing.

Participants were also asked to comment on why they chose to attend the session. Responses included:

- Why not? We are providing a service that the HSCP are paying for and we can learn from each other.
- I have more links with social work in West Dunbartonshire than other areas.
- Working in WD is less stressful, I see it as a partnership not a divide. We know who to contact
- Feedback is key from organisations and people.
- Customer contact, care management and good awareness of providers are shared around the team.
- To look at transitions; adults may have received more provision when they were in children services and this can be seen as a negative - we need to look at the positives of going into adulthood.
- Expectation that this is not just a one off, we need to consider all aspects from childhood to adulthood.
- Chatting with providers is useful as we need to know how to demonstrate good use of public money.
- As a team we want to engage with everybody, we getting an understanding of service providers, we know what you can offer.
- We want to have a relationship with service providers so we can develop services for the service user.
- It is also about supporting your team
- Instead of saying we need XYZ we need to start with we have this client what can we do – conversations like this help
- If we have the right network we should be just phoning people to have formal and informal conversations.

Summing up the session, it was agreed that all parties were happy for shared learning and training across service providers. A small number of invited participants were unable to attend due to capacity issues.

Actions arising from the session:

- Ongoing conversations will be planned in the future

- Capacity issues experienced by some third sector organisations were acknowledged and it was agreed to maintain contact on an individual and case by case basis wherever possible to increase their local visibility
- Access to the Neurological Conditions Network will be better used – improving communication and information sharing.